CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A ☐ Establish retention period for records which are accumulating daily

B ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	☒ To be Burned or shredded	☐ Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37501

CERTIFICATE OF DEATH.

E 37501

REGISTERED NO. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 N. Carlton St. Ward 6-23)

2-FULL NAME Russell Brown

(a) RESIDENCE NO. 1030 N. Carlton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. One mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): July 29 1928

7 AGE — Years: One — Months: — Days: 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Benj. Brown

11 BIRTHPLACE OF FATHER (city or town): Carlisle

(State or country): Pa

12 MAIDEN NAME OF MOTHER: Hannah Burch

13 BIRTHPLACE OF MOTHER (city or town): Charleston

(State or country): Md

14 Informant: Hannah Brown

(Address): 1030 N. Carlton

15 Filed ..... 19.... Registrar

2798 Reg'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) ..... yrs. One mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Lusk M. D

(Corner) Sept 15 (Address) Mth Pk & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial: 19

20 UNDERTAKER — ADDRESS: Commissioner Health

SEP 17 1928

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37502 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37502

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 16 27

CITY OF BALTIMORE: (NO. ..... ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Nelson

(a) RESIDENCE NO. Baltimore City Hospitals ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sign Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Mary Matthews

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed SEP 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-24, 1928, to 9-14, 1928

that I last saw him alive on 9-14, 1928

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Acute

Aortic Insufficiency

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys + Laboratory

(Signed) H. H. Hack, M.D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

SEP 12 1928

C. HAMILTON JONES, M. D.

2799

The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

37503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon BODENSCHATZ.

(a) RESIDENCE NO. WILMORE PA. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: MARGARET DENNE.

6 DATE OF BIRTH (month, day, and year): Nov 9 - 1871

7 AGE: Years 56. Months 10 Days 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: John:

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cath. Steinzert.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Mrs. Christine Varner. Wilmore Pa.

15 Filed 1928 C. P. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 1928 to Sept 17 1928

that I last saw him alive on Sept 17 1928

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum metastatic to liver and obstructing the bowel.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopic section

(Signed) Leonard R. Bonelli, M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmore Pa. DATE OF BURIAL: 9-20-28.

20 UNDERTAKER: M. Faherty Sons ADDRESS: 427 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37504

CERTIFICATE OF DEATH

E 37504
REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 539 Lanvale St (St.) 1724 (Ward) 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Leonard.

(a) RESIDENCE NO. 539 Lanvale St St. Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 66 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hammedue

6 DATE OF BIRTH (month, day, and year): Aug. 29 1862

7 AGE: Years 66 Months Days 17
IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Wm. Woody
11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Jennette Weaver
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Veronica Shirley
(Address): 1428 Madison Ave

15 Filed SEP 18 1928
10 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 19 28 to Sept 15 19 28,
that I last saw h[illegible] alive on Sept 15 19 28,
and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:
Apoplexy
Chr Nephritis

(duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical

(Signed) Chas F Chaney M. D.
Sept 19 28 (Address) 1501 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 9/19/28

20 UNDERTAKER: Jas. Leo. H. Holland — ADDRESS 1631 Druid Hill

Cor. 12-9-25—A Co.—200 Bks.

E 37505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37505

CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital 16-22 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Unger

(a) RESIDENCE NO. 814 N. Gilmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther Unger

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 35 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Repairer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Russia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Esther Unger

(Address) 814 N. Gilmore

15 Filed SEP 18 1928 19 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9- 17 -1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Indigestion
Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ac Cardiac Dil

(duration) yrs. mos. ds.

Signed (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mash Rood Date of Burial 9/18 1928

20 UNDERTAKER Joseph Levin ADDRESS 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

E 37506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37506

100-00

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinia Hospital St. 15-68 Ward)

2-FULL NAME Samuel Bass

(a) RESIDENCE NO. 2809 Kate Avenue St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Bass

6 DATE OF BIRTH (month, day, and year) Sept. 25th, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	44	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg. Furniture

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Bass

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Gane -----

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Baltimore St.

SEP 18 1928

15 Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia
(Rt. Lung-No autopsy)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) _____

(duration) ... yrs. ... mos. ... ds.

(Signed) _____ M. D.
(Coroner)

9/17/28 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem Date of Burial 9/18 1928

20 UNDERTAKER Joeh Lewis ADDRESS 1439 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37507

CERTIFICATE OF DEATH.

E 37507

129

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1305 N. Gross ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Seifert

(a) RESIDENCE No. 1305 N. Gross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Seifert

6 DATE OF BIRTH (month, day, and year) Apr 3 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Varnisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Lewis A. Seifert

(Address) 1305 N. Gross

15 Filed SEP 19 1928, 19 A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 14 1928, to Sept 15 1928, that I last saw h[illegible] alive on Sept 14 1928, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) myocarditis - nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. E. Poulton M. D.

Sept 18, 1928 (Address) 3909 Gunson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Sept 18, 1928

20 UNDERTAKER Wm. J. Tuckner & Son ADDRESS [illegible]

N.B. [illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37508

CERTIFICATE OF DEATH.

90 ✓ E 37508

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 16-36 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Tegeder

(a) RESIDENCE NO. 3206 E. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Late Henrietta Tegeder

6 DATE OF BIRTH (month, day, and year): Nov 4/51

7 AGE: Years 76 Months 10 Days 10

If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: Himself

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: John Tegeder

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Matilda

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ger.

14 Informant: John H. Tegeder

(Address): 1507 Annesley road

15 Filed ..... 1928 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

18 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: 9/18 1928

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37509

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 18 S. East Ave ST. 7 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helena Miller

(a) RESIDENCE NO. 18 S. East Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Miller

6 DATE OF BIRTH (month, day, and year) May 29/1842

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis H. Miller

(Address) 18 S. East Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927 to Sept 16, 1928, that I last saw h.. alive on Sept 15, 1928 and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Malefemia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Saturation / Microscopic

(Signed) Allen C Bentham, M. D.

9-16, 1928 (Address) 313 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Dr. Mathews Lane Sept 19/28

20 UNDERTAKER — ADDRESS

Philip Herrig 2016 Eutaw St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37510

E 375[illegible]

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp ST.) 27-43 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Robinson

(a) RESIDENCE No. 3117 White Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (of) HUSBAND of (or) WIFE of: Roger B. Robinson

6 DATE OF BIRTH (month, day, and year): Dec 25/1881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John F. Mulfinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah L. —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Roger B. Robinson

(Address) 3112 E. White Ave (Husband)

15 Filed SEP 15 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928, to , 19

that I last saw h[illegible] alive on Sept. 16, 1928,

and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal disease = Hypertension

* Cerebral - Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) M B Hendrix, M. D.

, 19 [illegible] Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Sept 19 28

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37511 E 37511

CERTIFICATE OF DEATH.

Registered No. 72

1-PLACE OF DEATH

City of BALTIMORE: (No. 1100 N. Caroline St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Krueger

(a) Residence No. 1100 N. Caroline St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 11/1868

7-AGE. 59 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Mathew Krueger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Lutterman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) John Krueger

(Address) 1078 Hanford Ave

15- Filed SEP 18 1928 C. [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 16 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept 10th 1928 to Sept 16th 1928

that I last saw him alive on Sept 15th 1928

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

(Address) 601 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL. 9/19 1928

20-UNDERTAKER Wm F. Raesfowski ADDRESS 168 Eastern

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 37512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37512

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 129

City of BALTIMORE: (No. 2121 Eastern Ave 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michalina Bewers

(a) Residence No. 2121 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced: Widow (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Not Known

7-AGE: About 65 yrs. 0 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS

10-NAME OF FATHER: Szczepanski

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-INFORMANT: Frank Bewers
(Address) 2121 Eastern Ave

15-Filed 1928 C. HAMPSON JONES, M. D. Registrar.
By ____

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept. 17 1928

17- I HEREBY CERTIFY, That I attended deceased from May 19 1928 to September 16, '28 that I last saw him or alive on Sept. 16 1928 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 1/2 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas M.D.

9-17-28 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — DATE OF BURIAL: 9/21 1928

UNDERTAKER: Wm Fallon — ADDRESS: 1618 Eastern Ave

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EP 19

Spec.—1-12-23—M&T—500 Blks.

E 37513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE No. [illegible] ST. H-6 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gus Bosham or Basham

(a) RESIDENCE NO. 123 South St. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
40				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER Nathan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Mary Flint

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant BALTIMORE CITY HOSPITALS
(Address)

15 Filed SEP 18 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-7 1928, to 9-12 1928,
that I last saw him alive on 9-12 1928,
and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute.
Endocardial, Insufficiency
Aortic Insufficiency

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? [illegible] Physician
(Signed) [illegible] M. D.
9/17 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL 9/17 1928

20 UNDERTAKER Jos Glennon & Bro ADDRESS 1127 E Balto. st

Blanks should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 37514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37514

CERTIFICATE OF DEATH

91-002

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 1561 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Powers

(a) RESIDENCE NO. 3028 W. North ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Powers

6 DATE OF BIRTH (month, day, and year) Sept 11 1847

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	81	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Powers

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant L. C. Powers

(Address) 6318 Bantry Rd. Dundalk

15 Filed SEP 18 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/20/28, 19..., to 9/17/28, 19...

that I last saw him alive on 9/17/28, 19...

and that death occurred, on the date stated above, at 12 20 am m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of The Prostate Gland

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis (Secondary)

(duration) 10 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? yes Date of 9/8/28

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cemetery — Date of Burial Sept 18 1928

20 UNDERTAKER Chas. S. Black — ADDRESS 742 W. North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37515

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CERTIFICATE OF DEATH.

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. + 74-001

CITY OF BALTIMORE (No. 12-44 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. James Powell Jr.

(a) RESIDENCE NO. Oxford North Carolina ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Powell Jr.

6 DATE OF BIRTH (month, day, and year): 9/26/1899

7 AGE: Years: 28 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Oxford North Carolina

PARENTS

10 NAME OF FATHER: William Parham

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Lula Toone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Hospital Records

(Address)

15 Filed SEP 18 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Sept 17, 1928

that I last saw her alive on Sept 17, 1928

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Hospital Records.

(Signed) [illegible], M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Henderson N C

DATE OF BURIAL: 9/18 1928

20 UNDERTAKER: Herman Cook

ADDRESS: 502 E Main

Spec.—2-29-28—L. F. S.—500 Bks.

E 37516 HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Norton 889 W London St

46 ✓ E 37516

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 609 N Monroe ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida E Horan

(a) RESIDENCE NO. 609 N Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Horan

6 DATE OF BIRTH (month, day, and year) Feb 10, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort St Marys Md

PARENTS

10 NAME OF FATHER Abraham E Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph H Horan

(Address) 609 N Monroe St

15 Filed SEP 18 1928 HAMILTON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 16, 1928, that I last saw h[illegible] alive on Sept 16, 1928, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) 5 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Evidence

(Signed) [illegible], M. D.

9/17, 1928 (Address) 889 W London St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross.

DATE OF BURIAL Sept. 19, 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 37517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37517

CERTIFICATE OF DEATH

1395

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Maryland Gen. Hosp. St. 37-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Gertrude Luthy

(a) RESIDENCE NO. 5011 Midwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emil Luthy

6 DATE OF BIRTH (month, day, and year) Sept 23 1879

7 AGE	Years	Months	Days
	49	11	24

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER J. C. Boone

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Eliz. Baenzle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.

14 Informant

(Address) Dept Record

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9-13, 19 28, to 9-17, 19 28

that I last saw h[illegible] alive on 9-17, 19 28

and that death occurred, on the date stated above, at 5.06 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

(duration) 2 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Intermal haem- orrhage 26 hrs

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death? Home

Did an operation precede death? yes Date of 9-14-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible]

. 19 (Address) [illegible]

*State the Disease causing death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

Date of Burial Sept 19 28

20 UNDERTAKER [illegible]

ADDRESS 527 Eutaw

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-1243 [illegible]

E 37513 Body. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E 37513

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 East St. 5-8 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lida Bailey Body.

(a) RESIDENCE No. 149 East ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Body

6 DATE OF BIRTH (month, day, and year) Jan 5 1847

7 AGE Years 49 Months 8 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northampton Va

PARENTS

10 NAME OF FATHER Samuel Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Body (Address) 1 E Eager St

15 Filed SEP 18 1928, 19 By ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Sept 15, 1928

that I last saw h alive on Sept 15, 1928

and that death occurred, on the date stated above, at 1 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) yrs 9 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Scobell, M. D.

Sept 17, 1928 (Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 18 1928

UNDERTAKER Robert C Wilkins

ADDRESS 1515 McElderry St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37519

CERTIFICATE OF DEATH.

90 E 37519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables WARD)

REGISTERED NO. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Virginia Pennington

(a) RESIDENCE No. 2315 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	80	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Emily Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mrs Wm E. Pennington 110 W Pinebury St.

15 Filed SEP 18 1928, 19 — Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1928

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1927, to Sept-14, 1928,

that I last saw her alive on Sept 14, 1928,

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) W W Mayo M. D.

Sept 17 1928 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dudleysville Md

DATE OF BURIAL: Sept 20 28

UNDERTAKER: John O Mitchell Sons

ADDRESS: 1911 Eutaw Place

Health should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 37520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2458 Greenmount Ave Ward 17-50)

2-FULL NAME Frederick C. Holthaus.

(a) RESIDENCE NO. 2458 Greenmount ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Holthaus

6 DATE OF BIRTH (month, day, and year): Dec. 24 1876

7 AGE: Years 56 | Months 8 | Days 24 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Frederick Holthaus

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Vontinder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Rose Holthaus.

(Address) 2458 Greenmount Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By ..... P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

3/26/27

I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 .....

and that death occurred, on the date stated above, at 7.30P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

3/26/27, 19 (Address) 321 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial: Sept 20 1928

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Light St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 37521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 37521

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 W. Barre ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myrtle Patchett

(a) RESIDENCE NO. 821 W Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of William R Patchett

6 DATE OF BIRTH (month, day, and year) June 16/80

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Isaac Fackman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Florence McCusky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm R Patchett

(Address) 821 W Barre

15 Filed SEP 18 1928 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 28

17 I HEREBY CERTIFY, That I attended deceased from June 15 1927 to Sept 17 1928 that I last saw h[illegible] alive on Sept 17 1928 and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination of Sputum

(Signed) [illegible] M. D.

Sept 17, 1928 (Address) 621 Marshall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 9/20 1928

20 UNDERTAKER Wm. Cook ADDRESS 502 E Vath

Of person in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST. 21-24 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME John R. Wilson

(a) RESIDENCE No. 1247 Washington Blvd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Caroline

6 DATE OF BIRTH (month, day, and year): Jan 28/68

7 AGE: ~~60~~ 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marble Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Laura

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed 1928 C. Hampson Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-13 1928 to 9-16 1928

that I last saw him alive on 9-16 1928

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab. Exam

(Signed) [redacted] M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bratenahl

DATE OF BURIAL: 9/9 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 532 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37523

CERTIFICATE OF DEATH.

114 E 37523

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 8-12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie D. Bertrand

(a) RESIDENCE NO. 2229 E. Chase St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/c yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4/1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Arthur L Bertrand

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Marie S. Robel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md

14 Informant Mother

(Address)

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Inflamatory Colitis
(Autopsy at Hopkins-type as yet undetermined)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

9/18/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimor Cemetery Date of Burial 9/19 1928

20 UNDERTAKER William Cook ADDRESS 502 E North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18 1928

Spec.—1-12-23—M&T—500 Bks.

E 37524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37524

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 356 W. Baltimore (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Jackson

(a) RESIDENCE NO. 356 W. Baltimore (Usual place of abode) WARD

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Sam Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jennie Jackson 356 W. Baltimore

15 Filed Oct. 19 1928 C. MARTIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/16 1928 to 7/19 1928

that I last saw him alive on 7/19 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Organic heart

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. Lee Hall, M. D.

7/19 1928 (Address) 124 Mott. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leland Oak Calvert Co Md DATE OF BURIAL Sept 19 1928

20 UNDERTAKER J. L. Brown & Son ADDRESS 1711 Mt. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37525

E 37525

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 N. Mount (St.) (Ward) 15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Savington P. Hammond, Jr.

(a) RESIDENCE NO. 1809 N. Mount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Wicks

6 DATE OF BIRTH (month, day, and year): Feb. 18, 1886

7 AGE: Years 42 Months 7 Days 29 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Expressman

(b) General nature of industry, business, or establishment in which employed (or employer): Moving furniture

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Frederick County Maryland

PARENTS

10 NAME OF FATHER: Savington P. Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Maryland

12 MAIDEN NAME OF MOTHER: Louisa Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Montg. Co. Maryland

14 Informant: Louisa Hammond

(Address): 1809 N. Mount

15 Date: Sept. 18 1928

C. MARTIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 16 1928

17

I HEREBY CERTIFY, That I attended deceased from August 28, 1928, to Sept. 16, 1928,

that I last saw him alive on Sept 15, 1928

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bi-lateral)

(duration) - yrs. - mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical exam.

(Signed) Walter S. Jackson, M. D.

, 19 (Address) 1031 N. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: Sept. 19 1928

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 518 N. Bridal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37526 E 37526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Harrison Sargeant Jr

(a) RESIDENCE NO. Darlington Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10 1918

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or....min.
	10	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Benj. H. Sargeant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lula Dracory ~~Dracy~~

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant H. S. Bailey

(Address) Darlington Md

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Infection - left knee apparently smashed by Street car fall at Patapsco

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Haller M. D.

(Coroner)

9/18/28 (Address) 508 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Darlington Cem Sept 20 1928

20 UNDERTAKER ADDRESS

H. S. Bailey Darlington

Box should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 E 37527

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pa. R. R. Station. St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Kane. C.

(a) RESIDENCE NO. Freehold N.J. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXXXX XXXXXXXXXXX Mary Kane. C.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years 50 Months ---------- Days ---------- IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: P. R. train porter.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B. & O. R. R. Co.

9 BIRTHPLACE (city or town):

(State or country): Virginia.

10 NAME OF FATHER: John Kane. (C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Jennie Cater. (C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia.

PARENTS

14 Informant: Mary Kane. (C) wife.

(Address) 17 Clinton St. Freehold N.J.

15 Filed 8 1928 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 18th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Reinhardt M. D.

(Coroner)

9/18 1928 (Address) 1019 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 940 N. Bronklin st.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freehold, New Jersey Date of Burial 9/19/ 1928

20 UNDERTAKER: Mrs. Katie R. Williams ADDRESS 222 N. Schroeder St

Use should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E. 37528 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E. 37528

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 509 N. Streeper ST., 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Kunzler

(a) RESIDENCE NO. 509 N Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of The Late John A. Kunzler

6 DATE OF BIRTH (month, day, and year) Nov 21-1848

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79.	9	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Adam Solden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

11 Informant C. E. Stumpf

(Address) 613 S. Selight

15 Filed 8 1928 C. RAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16th 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 19 28. to Sept 16, 19 28.

that I last saw h alive on Sept 15, 19 28.

and that death occurred, on the date stated above, at 9.5 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis syp.

Uremic Convulsions.

Gangrene Infection.

Rectum (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Influenza Age.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Thompson, M. D.

9/18, 19 28 (Address) 1500 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hampden St Mary Comety

DATE OF BURIAL Sept 19 1928

20 UNDERTAKER Geo. C. Miller & Son 23.54

ADDRESS Jefferson

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37529

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Byrd ST., 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adam Long.

(a) RESIDENCE NO. 1834 Byrd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Long

6 DATE OF BIRTH (month, day, and year) Dec 29 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer United R. R.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Bonch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Amelia Long

(Address) 1834 Byrd St

15 Sept 18 1928 C. RAMSAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to Sept 15, 1928

that I last saw h... alive on Sept 15, 1928

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

Sept 16, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 19 28

20 UNDERTAKER W. M. Cook

ADDRESS 732 Walke

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

See Letter on file from B. V. S Atlantic City NJ as well as letter from the Navy 10-10-28.

E 37530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37530

CERTIFICATE OF DEATH.

10-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 Webster St. (or) WARD) 22-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hill

(a) RESIDENCE NO. 512 Webster St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (of) HUSBAND (or) WIFE of: Maud R Helen Hill

6 DATE OF BIRTH (month, day, and year): — 1892

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer at do

(b) General nature of industry, business, or establishment in which employed (or employer): machine

(c) Name of employer: Pedigree Fertilizer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant: Helen Hill

(Address) 512 Webster St

Filed SEP 26 1928, 19

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/15 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/14, 1928, to 9/15, 1928, that I last saw h alive on 9/15, 1928, and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Crawley M. D.

9/16 1928 (Address) 1827 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: SEP 26 1928, 19

20 UNDERTAKER: EDWIN JOHNS M. D.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37531

CERTIFICATE OF DEATH.

31

E 37531

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1030 Carlton St. 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Brown

(a) RESIDENCE. No. 1030 Carlton ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Brown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jackson White (Address) 1030 Carlton St.

15 Filed SEP 18 1928 C. HAMPSON JONES, M. D. Registrar

Pat 2803 DCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-17 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1- 19 28 to Sept 17- 19 28

that I last saw her alive on Sept 16 19 28

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

19 28 (Address) 2039 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

UNIVERSITY OF MARYLAND. 19

20 UNDERTAKER ADDRESS

SEP 18 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37532

CERTIFICATE OF DEATH

59-003

E 37532

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4518 Parkhurst St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Un-named Duff Fallon.

(a) RESIDENCE NO. 4518 Parkhurst ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 18, 1928

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	0	10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town). (State or country) Balto Md

PARENTS

10 NAME OF FATHER Donald W Fallon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Edna M Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Donald W Fallon

(Address) 4518 Parkhurst ave

15 Filed SEP 19 1928, 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from 6.30 A.M. 9-8, 1928, to 4.20 P.M. 9-8 1928.

that I last saw h alive on 9-8-28, 19

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Congenital Defect

(Cyanotic Malformation)

(duration) 0 yrs. 0 mos. 0 ds. 10 hrs

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam + Observation

(Signed) C. D. Jones, M. D.

9-18, 1928 (Address) 4936 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL SEP 19 1928

20 UNDERTAKER Wilbur W Skinner

ADDRESS 2414 Madison

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 N. Mulberry St. St. 425 Ward)

2-FULL NAME August Smith.

(a) RESIDENCE NO. 118 N. Mulberry St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 0 mos. 8 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 18, 1887.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ball player.

(b) General nature of industry, business, or establishment in which employed (or employer) Ofo

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

10 NAME OF FATHER John S. Smith.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Dora K. Hashchert.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

PARENTS

14 Informant Henry R. Angels. (brother in law)

(Address) 314 Beaumont Ave.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to a rupture of the spleen, injured by automobile being driven into a pole. Accidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) fracture of b°n°s°g° 10 ribs right side.

(duration) yrs. mos. ds.

(Signed) Otto M. Steinhardt M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial Sept 19 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37534

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 21-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. J. Brown

(a) RESIDENCE NO. 513 Callender ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 11 1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Olaf H Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mildred A. Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Olaf H Brown
(Address) 513 Callender St

15 Filed SEP 19 1928 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6th 1928 to Sept 18 1928.
that I last saw him alive on Sept 18 1928.
and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal upset (Gastro Colitis)
Toxaemia - Acute Otitis Media

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Histo pathology

(Signed) Herman Solomon Rubenstein, M. D.
(Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A 96 DATE OF BURIAL 9-19 1928

20 UNDERTAKER: Bernard C Hanke ADDRESS 1006 S Broadway

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37535 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37535

CERTIFICATE OF DEATH.

REGISTERED NO. 84

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 Mch Home & Infirmary Ward) 21-53

2-FULL NAME Maurice Luzenby

(a) RESIDENCE NO. 201 Gordons Lane Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie M. Luzenby

6 DATE OF BIRTH (month, day, and year) Mch 29 1879

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	51	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Luzenby

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Belle Hooper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wife

(Address) 201 Gordons Lane

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry)

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Angina Pectoris

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. 5 Mos

(duration) yrs. mos. ds.

(Signed) J H Cullen M. D.

(Coroner)

9/18, 1928 (Address) 108 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Sept 20 1928

20 UNDERTAKER John O. Mitchell Asst for Eulau ADDRESS

One person to certify to cause of death. Be sure to state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37536 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 37536

CERTIFICATE OF DEATH x 97-002

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME OLIVE TENNEY

(a) RESIDENCE NO. PALATKA, FLA. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	MARRIED

(a) If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of L. E. TENNEY

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) FLA

PARENTS

10 NAME OF FATHER I. A. TILGHMAN

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER ADDIE FARHEE

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD

14 Informant Records

(Address)

15 Filed SEP 19 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-14, 1928, to Sept-15, 1928

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acute sinusitis, frontal
& r.m. dural abscess
Septicemia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 15

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M. D.

Sept 19 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Palatka Fla	Sept 19 1928
20 UNDERTAKER	ADDRESS
John O Mitchell Sons	1900 Eutaw Place

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37537

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

CITY OF BALTIMORE, (No. 1723 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Gettings

(a) RESIDENCE No. 1042 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE 45 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Will

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed SEP 19 1928 19 [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-20 1928 to 9-17 1928 that I last saw h alive on 9-17 1928 and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency (duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Autopsy

(Signed) [redacted] M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] DATE OF BURIAL 9/19 1928

20 UNDERTAKER [redacted] ADDRESS 916 [redacted]

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37538

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 37538

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of BALTIMORE: (No.) City Hospital (St.) 15-1 (Ward)

2-FULL NAME Sarah McLaughlin

(a) RESIDENCE NO. 826 Walbrook Ave (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	74	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer unknown

9 BIRTHPLACE (city or town)
(State or country) Ohio.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs Reis
(Address) 3609 Liberty Hgts

15 Filed ..... 19..... JAMES H. JONES, M. D.
Registrar

SEP 19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry
thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis
Broken Compensation
Dept of Health
(duration) yrs. 8 mos. ds.
(Secondary)
(duration) yrs. mos. ds.
(Signed) M. D.
(Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — Date of Burial Sept 19 1928

20 UNDERTAKER John J. Fahey Sons — ADDRESS 1315 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Halley -

E 37539 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 37539

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3910 Fleetwood Ave (St.) Overlea (Ward)

2-FULL NAME Charles Franklin Halley.

(a) RESIDENCE NO. 3910 Fleetwood Ave ST., Overlea WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary Jane Halley

6 DATE OF BIRTH (month, day and year): Sept 28 1856

7 AGE — Years: 71 — Months: 11 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Broker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: Leonard Halley.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Castle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md.

14 Informant (Address): Mary Jane Halley. (corpse) 3910 Fleetwood Ave

15 Filed SEP 19 1928. 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 17, 1928, that I last saw him alive on Sept 17, 1928, and that death occurred, on the date stated above, at 9 ± 1 m.

The CAUSE OF DEATH* was as follows:

Hypostasis — 3 days.
Diabetic Coma — 7 hours.
Edema of Lungs. — 1 day.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urine.

(Signed) Thos. F. Stevens, M. D.

9/17, 1928 (Address) 2878 Bolford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 20, 1928

20 UNDERTAKER: Frederick Casualmont Sons — ADDRESS: Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

E 37540

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 27-48 Ward

2-FULL NAME Amelia Shebik.

(a) RESIDENCE NO. Beauregard & Woodburn Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Shebik

6 DATE OF BIRTH (month, day, and year) May 4, 1879

7 AGE: Years 49 Months 4 Days 12 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adolf Von Restoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Eliz. Bouder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Henry ~~Sood~~ Soth

(Address) Beauregard & Woodburn Ave.

15 Filed ..... 19 .....

Registrar

SEP 10 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... ds.

(Signed) Edgar Fuller M. D.

(Coroner)

9/19/ 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery Date of Burial: Sept. 20, 28

20 UNDERTAKER: Frederick Lassahn & Son ADDRESS: Fullerton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cer.—12-9-25—A Co.—200 Bkm.

Steen

V 837541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37541

CERTIFICATE OF DEATH.

90

E 37541

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute Hopkins Hosp St. 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Steen

(a) RESIDENCE NO. 269 N. Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Steen

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE: Years 39 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Parker Lumber Yard

9 BIRTHPLACE (city or town):

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Daniel Steen

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Penna

12 MAIDEN NAME OF MOTHER: Frances Watts

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): St Marys Md

14 Informant: Emma Steen (Wife)

(Address): 21[illegible] N Eden

15 Filed SEP 19 1928 19 CARLTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 19 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Probably Myocardial Failure

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Indigestion?

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. R. Collier M. D.

(Coroner)

9-19-28 (Address) 508 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem. Date of Burial: 9-19 19 28

20 UNDERTAKER: Byron Knight ADDRESS: 1218 McElderry

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37542

REGISTERED NO. 20-28113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1915 Fredrick Ave ST. (WARD) 20-28

2-FULL NAME George R. Rigby Jr.

(a) RESIDENCE No. 1915 Fredrick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 12. 1927.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	11	5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. R Rigby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Laurie Harry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Geo. R. Rigby Sr.

(Address) 1915 Fredrick Ave

15 Filed SEP 19 1928 19 HAMILTON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Sept 18, 1928, that I last saw h— alive on Sept 18, 1928, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronco-Pneumonia

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs — mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. Etc.

(Signed) [illegible], M. D.

9/19/28 19 (Address) 888 N Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Sept 20 1928

20 UNDERTAKER George L. Schwartz ADDRESS 5101 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74001

E 37543

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 326 S. Garrison Lane ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alvina Wilhelmina Lammlein.

(a) RESIDENCE NO. 326 S. Garrison Lane. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George N. Lammlein

6 DATE OF BIRTH (month, day, and year) Dec. 14th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Karcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Deppe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George N. Lammlein

(Address) 326 S. Garrison Lane.

15 Filed ..... 19.. C. CARLYON JONES, M. D. Registrar

SEP 18 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 17 Sept 1928

17 I HEREBY CERTIFY, That I attended deceased from 31 Aug 1928 to 17 Sept 1928

that I last saw h alive on 16 Sept 1928

and that death occurred, on the date stated above, at 12.40 A m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. 18 ds. Pneumonia (hypostatic)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) Z Vansant Jr M. D.

17 Sept 1928 (Address) 2765 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Sept. 20 1928

20 UNDERTAKER George L. Schwartz

ADDRESS Eutaw & Lanvale Sts

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37544 — CERTIFICATE OF DEATH — 41 — E 37544

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 518 S Duncan St ST., 2-4 WARD)

2—FULL NAME Clemen Sadowski

(a) RESIDENCE NO. 518 S Duncan Street ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~XXXXXXXXX~~ Proxyda Sadowski

6 DATE OF BIRTH (month, day, and year) Nov, 23-1878

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Sadowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Sadowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Proxyda Sadowski

(Address) 518 S Duncan Street

15 Filed _____, 19 _____ Registrar

Oct 9 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17/28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Sept. 17, 1928, that I last saw him alive on Sept. 17, 1928 and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Streptococcus septicissima

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S. & path.

(Signed) John V. Segebrecht, M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Sept. 21 1928
20 UNDERTAKER	ADDRESS
George A. Weber	2205 Bank St

Important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

E 37545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37545

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Emily A Price

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Woodward Price

6 DATE OF BIRTH (month, day, and year): Oct. 24 1845

7 AGE: Years 83 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Bath

(State or country): Md.

PARENTS

10 NAME OF FATHER: Linnel Stansbury

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliz. Woodward

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Little Sisters of the Poor

(Address): Preston & Valley

Filed SEPT 10 1928 19

C. HAMPSON JONES, M. D.

Per Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 19 28

17 I HEREBY CERTIFY, That I attended deceased from No record, 19 , to , 19 , that I last saw h[illegible] alive on Sept 16, 1928, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. L. Dawes M. D.

Sept 19, 1928 (Address) 1133 Tuxedo Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemy, Date of Burial: Sept 19 28

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1900 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 37546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37546

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. 25-75 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Otter

(a) RESIDENCE NO. 3551-9th St. Brooklyn St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If ~~married, widowed, or~~ divorced HUSBAND of ~~(or WIFE of)~~ Lillian Yorke

6 DATE OF BIRTH (month, day, and year) Aug 2-'84

7 AGE 44 Years 1 Months 16 Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer for 3

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: McGee Packing Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Christian C. Otter

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Louisa Butz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Hospital Record

(Address)

15 Filed SEP 10 1928 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18- 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-1- 1928 to 9-18- 1928

that I last saw him alive on 9-18- 1928

and that death occurred, on the date stated above, at 7-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Uremia (Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. K. Mansfield M. D.

9/18 1928 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Lem Date of Burial Sept 22 1928

20 UNDERTAKER A. Howard Evans ADDRESS 858 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 37547 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37547

CERTIFICATE OF DEATH. 1-001

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) Lo. Balto. Gen. Hospital (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Petties

(a) RESIDENCE NO. 1436 Hull ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of:
6 DATE OF BIRTH (month, day, and year): Dec 21, 1901
7 AGE: Years 27 Months 8 Days 27 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 087
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS
10 NAME OF FATHER: Harry Petties
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Henrietta Holmes
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Records
(Address)

15 Filed SEP 19 1928 (Sig.) RAMPAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/18/28

17 I HEREBY CERTIFY, That I attended deceased from 9/15/28, 19, to 9/18, 19 28
that I last saw h[im] alive on 9/18, 19 28,
and that death occurred, on the date stated above, at 1.27 p m.
The CAUSE OF DEATH* was as follows:
Typhoid Fever

CONTRIBUTORY (Secondary) (duration) yrs. 9 mos. 13 ds. Intestinal Hemorrhage
(duration) yrs. mos. 4 ds.
18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.
(Signed) F. Eaton Duncklee M. D.
9/18 1928 (Address) Lo. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 9/21 1928
UNDERTAKER: Wellman Bork — ADDRESS: 582 E Hoff

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 37548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37548

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-12 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed (Eisenberg)

(a) RESIDENCE NO. 1108 N. Luzerne ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 min How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 18-1928

7 AGE Years Months Days 20 minutes If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William P. Eisenberg

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Marie King

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant William P. Eisenberg (Address) 1108 N. Luzerne ave.

15 Filed SEP 19 1928 C. HAMPSON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1928, to Sept. 18, 1928, that I last saw her alive on Sept. 18, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Benj. D. Hayden, M. D.

9/17/1928 (Address) 1216 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Sept. 19 1928

20 UNDERTAKER Lilly & Geier Inc ADDRESS 1003 Wolfe

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37549

CERTIFICATE OF DEATH.

161-001 E 37549

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 01-69 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Langenfelder

(a) RESIDENCE NO. 2348 Wilkens Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-18-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NO

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Langenfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Kaiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Margaret Langenfelder

(Address) 2348 Wilkens Ave

15 C. HARRISON JONES, M. D.

Filed SEP 19 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-18, 19 28, to 9-18, 19 28

that I last saw h in alive on 9-18, 19 28

and that death occurred, on the date stated above, at 3.20 p m.

The CAUSE OF DEATH* was as follows:

Pre-Mature Birth

(duration) yrs 7½ mos ds.

CONTRIBUTORY (Secondary) Atelactasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nicholas Gaudi, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept 19 1928

20 UNDERTAKER: Jos Poesendorfer Son — ADDRESS: 267 S Gay

THIS IS VERY important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37550

CERTIFICATE OF DEATH.

113 E 37550

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. (WARD) 25

2-FULL NAME Junior Olson

(a) RESIDENCE No. 645 W Fayette ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Carlyle Olson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Dakota

12 MAIDEN NAME OF MOTHER Mary Costello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Carlyle Olson
(Address) 645 W. Fayette st

15 Filed SEP 19 1928 THAMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1928, to Sept 19th, 1928, that I last saw h alive on Sept 19th, 1928, and that death occurred, on the date stated above, at 11:10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-enteritis

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Lewis P Gundry, M. D.

, 19 (Address) University Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemty	Sept 20 19
20 UNDERTAKER	ADDRESS
Geo. L. Ruth	1735 Hanford av.

FOR INFORMATION—See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/3 E 37551

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. ..... WARD)

2-FULL NAME Augusta Meredith

(a) RESIDENCE NO. Home for Incurables ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 31-1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	9r	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Uniontown Md

PARENTS

10 NAME OF FATHER Nathaniel Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Bottler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Annie E. Elcock

(Address) 3608 Harlem Ave

15 Filed Sept 19 1928 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1921, to Sept 17, 1928, that I last saw her alive on September 18 1928, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage — (Spastic paraplegia)

(duration) yrs. 4 mos. 9 ds.

CONTRIBUTORY (Secondary) Encephalomalacia

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) [illegible] Mayo —, M. D.

Sept 18 1928 Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Uniontown, Carroll Co. Md

DATE OF BURIAL Sept 20 1928

20 UNDERTAKER Wm J Dickson, Agent

ADDRESS Westminster

IMPORTANT: See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

E 37552

Registered No.

1-PLACE OF DEATH

City of BALTIMORE; (No. 800 E. 41 St. St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Amelia Blessing

(a) Residence No. 800 E. 41 St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Blessing

6-DATE OF BIRTH (month, day and year): 8/23, 1849

7-AGE: 81 yrs. mos. ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Alexander Markowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Julia Goldan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Mrs. George Sanders

(Address) 800 E. 41 st Street

15- Filed, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 9/19/28

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25 to Sept 19, 19 28

that I last saw h alive on Sept 17, 19 28

and that death occurred, on the date stated above, at 2 A M

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 3 mos. ds

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(Duration) yrs. mos. 15 ds

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Fred E. Mitchell M. D.

9/19, 19 28 (Address) [illegible] Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 9/22, 1928

20-UNDERTAKER: Albert L. Nitty

ADDRESS: 1100 N. Chester St

Instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37553 HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 37553

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 9-47 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Romans

(a) RESIDENCE NO. 2929 Greenmount ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 2 min.
Premature	6 m	preg.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 2929 Greenmount
(State or country) City

PARENTS

10 NAME OF FATHER William Romans

11 BIRTHPLACE OF FATHER (city or town) Balt
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Parsons

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country)

14 Informant

(Address)

15 Filed 19 1928 19 C. RANDOLPH JONES M. D.
By 2802 Park Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—.

that I last saw h— alive on Sept 18, 1928

and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Acute Bright's

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Davis M. D.

19 28 (Address) 2 W 40th St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

SEP 18 1928

Spec.—1-10-21—M&T—1500 Bks.

O. K.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37554

CERTIFICATE OF DEATH.

E 37554 REGISTERED NO.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette St. St., 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Crafton

(a) RESIDENCE NO. 233 N. Stricker St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7, 1922

7 AGE: Years 6 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hopewell Va.

PARENTS

10 NAME OF FATHER: Lawrence Crafton.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Archie Fillmore.

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Annie Crafton

(Address) 233 N. Stricker St.

15 Filed 19 Registrar

C. HAMILTON JAMES, M. D.

19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1928, to Sept. 17, 1928; that I last saw h[im] alive on Sept. 17th, 1928, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Septic Meningitis

complicating

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Fractured Skull (accidental)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? fell from roof.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Petersburg, Virginia

DATE OF BURIAL: Sept 18, 1928

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroder St

TION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37555 E 37555

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1829 Vine St. (Ward) 20-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Buckner

(a) RESIDENCE. No. 1829 Vine St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Florence Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) James Buckner 1829 Vine St.

15 Filed 19 Registrar ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 18, 1928, that I last saw h— alive on Sept 18, 1928, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentery

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chronic Dysentery

(Signed) Charles H. Foster M.D.

(Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery — DATE OF BURIAL: Sept 20, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 E. Lombard St.

THIS is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Moore)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37556

CERTIFICATE OF DEATH.

E 37556

+ 3766

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Moore

(a) RESIDENCE NO. Not known city. Lancaster Ohio St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 53 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Geo A Tingley

(Address) 800 N Fayette St

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1a Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

Signed ..... M. D.

(Certifier)

19 (Address) 143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Ohio Date of Burial 9/18/28

20 UNDERTAKER George E Tingley Funeral Agents ADDRESS

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 37557

E 37557

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher Rosendale

(a) RESIDENCE NO. 1722 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Hospital Record

(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/28

17 I HEREBY CERTIFY, That I attended deceased from 7/6/28 to 9/17/28

that I last saw h. alive on 9/17/28

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 3 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) J. S. Woodland, M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial 9/20/28

20 UNDERTAKER Geo. C. Turley Sucsr to Tagarth ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON HIGGS, M. D.

10 1928

Spec.–7-17-26—A Co.—200 Bks.

E 37558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37558

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Brown.

(a) RESIDENCE NO. 900 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Henry Brown.

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 38. Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Herman Lutz

11 BIRTHPLACE OF FATHER (City or town) Baltimore, Md. (State or country)

12 MAIDEN NAME OF MOTHER Mc Carter.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or country)

14 Informant (Address) Husband Eutaw Savings Bank.

15 Filed 9 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7 19 28

17 I HEREBY CERTIFY, That I attended deceased from A.M. 9/4 19 28, to 6:55 P.M. 9/7 19 28, that I last saw h[illegible] alive on 9/7 19 28, and that death occurred, on the date stated above, at 6:55 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy)

2 mos. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Contributed.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted? Home.

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Thos Adams M.D.

(Address) 1401 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Sept 20 19 28

20 UNDERTAKER: E. G. Hammond ADDRESS: 1301 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 37559

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. Bradford ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James A. Mallon

(a) RESIDENCE NO. 1514 N. Bradford ST., WARD 8
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4, 1928

7 AGE — Years | Months 8 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or estsblishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George J. Mallon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Posey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mary Posey
(Address) 1514 N. Bradford st

15 Filed 9 1928, H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Sept. 17, 1928, that I last saw h[illegible] alive on Sept. 17, 1928 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Lee Mongeau, M. D.

9/14, 1928 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Sept 20 1928

20 UNDERTAKER: Frank V. Petitone — ADDRESS: 2015 E. Balto. St.

Spec.—1-12-23—M&T—500 Blks.

E 37560 HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 37560

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 6-10 ST., WARD)

2-FULL NAME Carl Desano

(a) RESIDENCE NO. 156 N. Hare ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mns. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7, 1891

7 AGE: Years 36 · Months 10 · Days 11 · If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement finisher

(b) General nature of industry, business, or establishment in which employed (or employer): Cement finisher

(c) Name of employer: Zanze & Rossi

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: John Desano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Margt Prevosto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: John Prevosto
(Address): 2201 Baker st

15 Filed 9 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to September 18, 1928, that I last saw him alive on September 18, 1928, and that death occurred, on the date stated above, at 3.05 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Pulmonary tuberculosis, bilateral

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. K. Gulch, M. D.

9/18, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 22, 1928

20 UNDERTAKER: Frank W. Castle — ADDRESS: 5 E Balto st

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37561 E 37561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 10-14 ST. WARD)

2-FULL NAME Bernard Mc Keown

(a) RESIDENCE No. 1027 Fremont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month) August 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newspaper office

(b) General nature of industry, business, or establishment in which employed (or employer) (Mailer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Felix

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted] CATONSVILLE, MD.

15 Filed [illegible] 19 28 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18-28

17 I HEREBY CERTIFY, That I attended deceased from 9-14-28 to 9-18-28

that I last saw him alive on 9-18-28

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Lab + Xray

(Signed) [illegible] M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent

DATE OF BURIAL Sept 20 1928

20 UNDERTAKER Frank V. Ritzi

ADDRESS 25 [illegible] E Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37562 1928 E 37562 1855

CERTIFICATE OF DEATH

E 37562

REGISTERED NO. 90

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4004 Groveland (Ave.) St., (18-63) WARD

2—FULL NAME Henrietta Sophia Spedden

(a) RESIDENCE NO. 4004 Groveland St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 10th 1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Timothy Spedden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pocomoke. Md.

12 MAIDEN NAME OF MOTHER: Hannah Ann Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerset County Md

14 Informant: Ella G. Spedden

(Address) 4004 Groveland Ave.

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

9 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17th 28

17 I HEREBY CERTIFY That I attended deceased from October, 1928, to Sept. 17th, 1928, that I last saw her alive on Sept 17th, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Howard Bruce, M. D.

9/17, 1928 (Address) 711 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loc Cust Cemetery

DATE OF BURIAL: Sept 20 1928

24 UNDERTAKER: E. W. Hunt

ADDRESS: 850 N. Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

E 37563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37563

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 20-149

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST WARD

2-FULL NAME Mrs. Margaret Green

(a) RESIDENCE NO. 2636 Mengels Lane WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of June 23rd 1890

6 DATE OF BIRTH (month, day, and year)

7 AGE 38 Years 7 Months 25 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Schuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Flemming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Birtha Holdsworth (Address) 2636 Mengels Lane

15 Filed 9 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-16 1928 to 9-18-28 1928

that I last saw her alive on 9-18-28 1928

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Tubo-Ovarian Abscess

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-17-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetery DATE OF BURIAL Sept 21st, 1928

20 UNDERTAKER H. S. Hilpert ADDRESS 1850 N. Gilmor St

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37564
1-PLACE OF DEATH

46

E 37564
REGISTERED NO.

City of BALTIMORE: (No. Mt Gus Hospital W-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Thma C Burkman

(a) RESIDENCE NO. 3917 Williams St Ward
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas A Burkman

6 DATE OF BIRTH (month, day, and year): 1/1/1870

7 AGE — Years: 58 Months: 8 Days: 18 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particolar kind of work: Hsw.
(b) General nature of indostry, bosiness, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Wm H Stebley

11 BIRTHPLACE OF FATHER (City or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Lizzie Thomas

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Hoyer Funeral Home
(Address)

15 Filed SEP 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9/19/1928

17 I HEREBY CERTIFY, That I attended deceased from 9/14/28 to 9/19/28 19....., that I last saw h.. alive on 9/19/28 19....., and that death occurred, on the date stated above, at 9 36 a m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Interstitial

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(doration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? Home
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Dr. Alexander, M. D.
19 (Address) 1110 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Myersville Md — Date of Burial: Sept 22 1928

20 UNDERTAKER: Bittle Bros Myersville Md — ADDRESS

Do not write in this space, as this is only for property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Blks.

21778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37565 — CERTIFICATE OF DEATH — 101-001 — **E 37565**

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Richards

(a) RESIDENCE NO. 820 E. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6 DATE OF BIRTH (month, day, and year) 11/26/96

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Cora Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2-20 1928 E. Mon JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-17-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-12, 1928, to Sept-17, 1928, that I last saw h.im alive on Sept-17-, 1928 and that death occurred, on the date stated above, at 2 m. 10 m.

The CAUSE OF DEATH* was as follows:

Fatal Pneumonia.

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Sidney A. Gladstone M. D.

9/17, 1928 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	19
20 UNDERTAKER John H. Jordan	ADDRESS

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37566

CERTIFICATE OF DEATH.

160 E 37566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2020 E Chase ST. (E-13 WARD)

2-FULL NAME William Harvey Cole,

(a) RESIDENCE NO. 2020 E Chase ST., WARD 8th

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18-1928

7 AGE — Years — Months 1 Day If LESS than 1 day, 6 hrs or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Wm A Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Mildred Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant Wm A Cole

(Address) 2020 E Chase St

15 Filed SEP 20 1928 (19) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/19/28 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 19, 1928, that I last saw him alive on 10.15 am Sept 19, 1928, and that death occurred, on the date stated above, at 10.15 am

The CAUSE OF DEATH* was as follows:

1 gilm of lungs to expand

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 2020 E Chase

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Neil McMurtry M. D.

, 19 (Address) 2147 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Lane Cemetery — DATE OF BURIAL: Sept 20 19 28

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 E Broadway

FAILURE TO FILL IN ALL ITEMS IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 37567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Clinton ST. 76-1 WARD)

2-FULL NAME Johanna Hausner

(a) RESIDENCE NO. 708 S Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alois Hausner

6 DATE OF BIRTH (month, day, and year) May 1-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Buehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Robert Hausner

(Address) 708 S Clinton

15 Filed 9/20/28, 19 — CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May. 1928. to Sept. 17. 1928.

that I last saw her alive on Sept. 17/928.

and that death occurred, on the date stated above, at 5-30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rt Orbit.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) Frank R. Blount, M. D.

9/20/28, 19 (Address) 2244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Sept 20, 19 28

20 UNDERTAKER John Meerier

ADDRESS 2008 Aliceanna

Spec.—1-12-23—M&T—500 Bks.

E 37568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37568

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. ST. 1430 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Seldner

(a) RESIDENCE NO. Marlborough Apts. ST. 9 J. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Seldner

6 DATE OF BIRTH (month, day, and year) Nov. 27th. 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York, (State or country) N.Y.

PARENTS

10 NAME OF FATHER Leopold Seldner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Michel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Tillie Rapp

(Address) New York

15 Filed , 19 SAMPSON HAY, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18th, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 18, 1928, that I last saw h[illegible] alive on Sept 17, 1928, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus Decompensata

(duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? a few moments

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Julius Friedenwald, M. D.

, 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheb Shalom Cem. DATE OF BURIAL 9/20/ 1928

20 UNDERTAKER David Sondheim ADDRESS 1120 W. Mt Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37569

CERTIFICATE OF DEATH.

1592 E 37569

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount ST. 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Steinacher

(a) RESIDENCE NO. 5303 Traymore Rd ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Arthur S. Steinacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia M. Doemling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Arthur S. Steinacher
(Address) 5303 Traymore Rd.

15 Filed 19 C. MARION JONES, M. D. Registrar

Sept 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928, to Sept 19, 1928, that I last saw her alive on Sept 19, 1928, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Patent ductus arteriosus

(since birth)

(duration) yrs. mos 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Heart examined

Signed Walter B. Johnson, M. D.

Sept 19 1928 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 9/20 1928

20 UNDERTAKER Philip Henry Orleans — ADDRESS 2016

This is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37570

CERTIFICATE OF DEATH.

E 37570 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 W. Lanvale St. (WARD) 16-7-29

2-FULL NAME Wm. Jones Jr.

(a) RESIDENCE No. 1611 W. Lanvale St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jany 9/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	8	—	10

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Bld

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Lillian Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant R. B. Frazier

(Address) 1611 W. Lanvale St

15 Date 9 1928 C. [illegible] Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Sept 19, 1928, that I last saw him alive on Sept 18, 1928, and that death occurred, on the date stated above, at 3.40 P.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Derrick E. Wagner M. D.

9/29, 19 (Address) 1011 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Sept 20, 1928

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 1322 N. Schroeder St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37571

CERTIFICATE OF DEATH.

107-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. 46-26 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Hardy. (C)

(a) RESIDENCE NO. 615 N. Carrollton Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXXXX Pauline Hardy. (C)

6 DATE OF BIRTH (month, day, and year): May 29 1881

7 AGE — Years: 47 — Months: 8 — Days: 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chaffeur.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Albert H. Hardy. (C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Sarah Hutchins. (C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Denton, Md.

14 Informant: Pauline Hardy. (C) wife.

(Address): 615 N. Carrollton Ave.

15 Filed: ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 17, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Reinhardt, M. D. (Coroner)

9/18, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? C. & P. Telephone Co. September 17, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Date of Burial SEP 20 1928 19

20 UNDERTAKER: Samuel T. Hensley ADDRESS 58 N. Biddle St.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37572 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37572

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1707 Latrobe (St.) 12-19 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Robinson

(a) RESIDENCE NO. 1707 Latrobe ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Peter Bailis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Virginia Pegroom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Anna Robinson (Address) 1707 Latrobe St.

15 Filed SEP 20 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/17/28 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Sept. 17, 1928, that I last saw h[illegible] alive on Sept 17, 1928 and that death occurred, on the date stated above, at 10[illegible] A m.

The CAUSE OF DEATH* was as follows:

Chr Interstial nephritis

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary): Chr. Myocarditis

(duration) yrs 8 mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Calvin B. Le Compte, M. D.

9/19, 1928 (Address) 814 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn [illegible]

DATE OF BURIAL: SEP 20 1928 19

20 UNDERTAKER: Samuel T. Smedley

ADDRESS 578 N. Bridle

E 37573

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37573

CERTIFICATE OF DEATH.

Registered No. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 731 W Fayette St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Linda Brown

(a) Residence No. 731 W Fayette St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 1921

7-AGE. 7 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Sister (Address) 2310 Hackman

15- Filed SEP 20 1928 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 19 28

17- I HEREBY CERTIFY, That I attended deceased from Sept. 12 1928 to Sept. 19 1928

that I last saw her alive on Sept. 14 1928

and that death occurred, on the date stated above, at 12 o am.

The CAUSE OF DEATH* was as follows:

3 Pulmonary Tuberculosis

(Duration) Indefinite ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M C Trilinger M.D.

9/19 1928 (Address) 682 Whitelock Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Cemetery DATE OF BURIAL. Sept 20 1928

20-UNDERTAKER. Rudolph Hairston ADDRESS 904 E Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

E 37574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186-103 E 37574

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. St. 9-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Hartley.

(8) RESIDENCE NO. 2221 Aiken St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of XXXXXXXXXXXXXX Elizabeth A. Hartley.

6 DATE OF BIRTH (month, day, and year) April 17, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Millright.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Phineas Hartley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Debora Cornthwaite.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Co. Md.

14 Informant Guy E. Hartley. (son)

(Address) 2221 Aiken St.

15 Filed SEP 27 1928 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of the skull

Walked into a moving automobile and was thrown to the street. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas. Reinhardt M. D. (Coroner)

9/20 1928 (Address) 1017 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Calvert & Centre Sts. Sep. 17, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burial Ground Date of Burial Sept 20 1928

20 UNDERTAKER Guy H. Valentine ADDRESS 2226 Aiken St.

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37575 E 37575

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Cliftview Ave St. 6-45 WARD)

2-FULL NAME Harry Edgar Bosson

(a) RESIDENCE No. 1638 Cliftview Ave. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 20 1882

7 AGE: Years 46 Months 7 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpet

(b) General nature of industry, business, or establishment in which employed (or employer): Upholster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James M. Bosson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary L. Dalany

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Gertrude Bosson

(Address): 1638 Cliftview Ave

15 Filed SEP 20 1928 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1928

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1928, to Sept 19, 1928, that I last saw h-im alive on Sept 19, 1928, and that death occurred, on the date stated above, at 5 00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

Nephritis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lauenbach M. D.

9-19, 1928 (Address) 2515 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Sept 21 1928

UNDERTAKER: Spa Undertaking Co — ADDRESS: 914 Eutaw Pl

TION IS very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37576

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital. St. (Ward)

2-FULL NAME Margaret Cavey.

(a) RESIDENCE NO. Ellicott City Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White	Married

5a If married, widowed or divorced (or) WIFE of James Cavey.

6 DATE OF BIRTH (month, day, and year) December 29 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ellicott City, Md.

PARENTS

10 NAME OF FATHER Artmus Johnson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Jane Hipsley.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Clifton Cavey. (son)

(Address) Ellicott City. Md.

15 Filed SEP 20 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured clavicle and hip. probable fracture of the skull. Occidental fall down stairs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Broncho-pneumonia.

(duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

9/20. 1928 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Ellicott City, Md. Sept. 13, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Good Shepherd Cem. Date of Burial Sept. 23rd 28

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37577

CERTIFICATE OF DEATH.

73 E 37577

REGISTERED NO.

1-PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21 24 ST. (WARD)

2-FULL NAME Sophia Hendler

(a) RESIDENCE No. 601 S. Archer ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hendler

6 DATE OF BIRTH (month, day, and year) April 15 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hendler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hendler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Freiman (Address) 3911 Hamilton Ave

15 Filed SEP 20 1928 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 17 1928

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1928, to September 17, 1928, that I last saw h er alive on September 17, 1928, and that death occurred, on the date stated above, at 10.05 a.m.

The CAUSE OF DEATH* was as follows:

Transverse myelitis.

CONTRIBUTORY (Secondary) Cystitis. (duration) yrs. 1 mos 19 ds.

Possibly pyelitis. (duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. K. Gülick, M. D.

9/19, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Sholom Cem

DATE OF BURIAL 9/20 1928

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

82928 H

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., W-28 WARD) 13

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Bryan

(a) RESIDENCE NO. 1934 Lemon St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 13, 1928

7 AGE — Years: — Months: 6 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East Md

PARENTS

10 NAME OF FATHER: Royston M Bryan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Loretta C Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Royston M Bryan (Address) 1934 Lemon St

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Sept 19, 1928, that I last saw him alive on Sept 19, 1928, and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Lewis S. Gunder, M. D.

, 19 (Address) University Hosp. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brunswick Md

DATE OF BURIAL: 9 22 19 28

20 UNDERTAKER: W M Cook

ADDRESS: 537 E Church

Spec.—1-12-23—M&T—500 Bks.

E 37579 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37579

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 South Ellwood St. | WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Oconnor

(a) RESIDENCE No. 841 S Ellwood ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	20	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas F. Oconnor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Oconnor
(Address) 841 S. Ellwood av

15 Filed 8 26 02 d 25 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 18, 1928
that I last saw h[illegible] alive on Sept 16, 1928
and that death occurred, on the date stated above, at 1.30 P.M.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Observation
(Signed) Horace B. Litlow, M. D.
9/21, 1928 (Address) 315 S. Highland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 9/24 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Pratt St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37580

CERTIFICATE OF DEATH

14001

E 37580

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1304 James ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ELIZA J. SMOOT

(a) RESIDENCE NO. 1304 James St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Smoot

6 DATE OF BIRTH (month, day, and year) April 7, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER James Morgan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julime Yealdhall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mr. George W. Smoot

(Address) 1204 James St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1928, to Sept 16, 1928,

that I last saw h.... alive on ....., 19

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Valvular

..... (duration) yrs. 7 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dorsey, M. D.

9/19, 19 28 (Address) 1227 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept. 21, 19 28
20 UNDERTAKER Wm. H. Cook	ADDRESS 1043 West Baltimore St.

Spec. T-10-31—M&T—1500 Blks.

E 37581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bradley

(a) RESIDENCE NO. Loudon St (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anastavia

13 BIRTHPLACE OF MOTHER (city or town) Quin (State or country) Irld.

14 Informant Delia Bradley

(Address) Loudon Md.

15 Filed SEP 20 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/7, 1928, to 9/20, 1928,

that I last saw him alive on 9/20, 1928,

and that death occurred, on the date stated above, at 10 00 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

(duration) 3 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 9/8/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stephens Cemetery — DATE OF BURIAL Sept 22 1928

20 UNDERTAKER David Davidson — ADDRESS Upper Falls

Spec.—1-10-21—M&T—1500 Bks.

Tomorrow

E 37582 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37582

CERTIFICATE OF DEATH.

X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Foster

(a) RESIDENCE NO. Colgate, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 26, 1927.

7 AGE: Years — Months 5 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: John Foster.

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Barbara Foster.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): John Foster. Colgate Md

15 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1928, to Sept. 19, 1928, that I last saw him alive on Sept 19, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative colitis

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Sept 21, 1928

20 UNDERTAKER: Funeral Director — ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37583

CERTIFICATE OF DEATH

E 37583

1—PLACE OF DEATH

REGISTERED NO. 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2222 Orleans St. (ST.) (WARD)

2—FULL NAME Laura Belle Bartlett

(a) RESIDENCE NO. 2222 Orleans St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Bartlett

6 DATE OF BIRTH (month, day, and year): Sept 30/1856

7 AGE: Years 71 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Archabald Teal

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: Susan —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: James L. Bartlett

(Address) 2222 Orleans St

15 Filed [illegible] 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/18/28

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to Sept 18, 1928, that I last saw her alive on Sept 18, 1928 and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes and Nephritis

(duration) yrs. 4 mos 26 ds.

CONTRIBUTORY (Secondary): Debility and Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis & c

(Signed) Adolph L. Eisenberg, M. D.

Sept 20 1928 (Address) 2201-03 Orleans St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 9/21/28

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 37584

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 4-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Girl Davis

(a) RESIDENCE NO. 1910 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or Divorced, ~~(write the word)~~: Baby

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.: 1 Day

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Maryland

11 NAME OF FATHER: Joseph H. Davis

12 BIRTHPLACE OF FATHER (city or town) (State or country): Va

13 MAIDEN NAME OF MOTHER: Helen Renzel

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

15 Informant: (Owner) JOHNS HOPKINS HOSPITAL (Address) JOHNS HOPKINS HOSPITAL

16 Filed SEP 20 1928 C. BAMBERGER 3846 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-16-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-16, 1928, to Sept-16, 1928, that I last saw her alive on Sept-16, 1928 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? 0 Date of 0

Was there an autopsy? State Anatomical

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

SEP 20, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JNS HOPKINS HOSPITAL

DATE OF BURIAL: SEP 20 1928

20 UNDERTAKER: Dr. Health.

Per Wm E WOODALL

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37585

E 37585

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Melrose Ave Balto Co St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Riley

(a) RESIDENCE NO. 3412 Hackney Dr St. 13 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Riley

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Track Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mary E. Riley

(Address): 3412 Hackney Ave

15 Filed [illegible] 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of R Tibia & Fibula

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

9/20 1925 (Address) 363 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harford Baptist Cem Date of Burial: Sept 22 1925.

20 UNDERTAKER: Chenowith Son ADDRESS: 3615 Gwynn

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37586

CERTIFICATE OF DEATH.

1928 E 37586

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Corner Fleet & Bond Sts. St. 3-4 Ward)

2-FULL NAME HENRY B. ERKER

(a) RESIDENCE NO. 429 S. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Erker

6 DATE OF BIRTH (month, day, and year) June 1, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day .... hrs. or .... min.
	74	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W.W.Boyer Co.

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Henry B. Eckert (Son)

(Address) 521 S. Chapel St.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cuts Abd.

Multiple Fractures

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed (Coroner) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Sept. 22, 1928

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—1-12-23—M&T—500 Blks.

E 37587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37587

CERTIFICATE OF DEATH.

1291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N Payson ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Clementine Dowell

(a) RESIDENCE No. 1634 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T Dowell

6 DATE OF BIRTH (month, day, and year): Mar 23 - 1858

7 AGE — Years: 70 — Months: 6 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Nurse

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Louis T Wilbourn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth Virginia

12 MAIDEN NAME OF MOTHER: Alice Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Mr Louis Dowell 710 Saratoga

15 Filed [illegible] 19 [illegible] Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Sept 20, 1928, that I last saw her alive on Sept 20, 1928 and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

Chronic Interstitial nephritis (duration) 2 yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Malnutrition (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elmer A. London, M. D.

, 19 (Address) 3707 Callaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Sept 22 28

DATE OF BURIAL

20 UNDERTAKER: Wm J. Pickerson & Son

ADDRESS: N. Pa.

Spec.—1-10-21—M&T—1500 Blks.

E 37588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37588

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Road 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca A. Wall

(a) RESIDENCE NO. 2409 Fremont Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis J Wall

6 DATE OF BIRTH (month, day, and year) Feb 23-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Darien Co Ga

PARENTS

10 NAME OF FATHER Nathaniel Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Catherine Riggin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mrs Dr B. Griffin

(Address) Timonium Md

15 Filed 1928 C. RAMSAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Sept 20, 1928, that I last saw h-- alive on Sept 20, 1928, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma splenic flexure colon

(duration) months yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. C. Lemmon M. D.

9/20, 1928 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lemora Md

DATE OF BURIAL 9-22 1928

20 UNDERTAKER Dr J Dashiell Jones

ADDRESS Towson

Spec.—1-12-23—M&T—500 Bks.

E 37589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37589

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital
Lombard & Green Sts.

CITY OF BALTIMORE: (No. 4-20 ST. WARD)

2-FULL NAME Thomas A. Richardson

(a) RESIDENCE NO. Fairmont, W. Va. ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie A Richardson

6 DATE OF BIRTH (month, day, and year): Oct 6 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R R Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B & O R R

9 BIRTHPLACE (city or town) (State or country): Zanesville Ohio

PARENTS

10 NAME OF FATHER: Thomas Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Massachusetts

12 MAIDEN NAME OF MOTHER: Mary Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Massachusetts

14 Informant: Paul D Cochran
(Address): Pittsburgh Pa

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-12 . 19 28 to 9-20 . 19 28.

that I last saw h[illegible] alive on 9-20 . 19 28

and that death occurred, on the date stated above, at 8:50 m.

The CAUSE OF DEATH* was as follows:

Post operative ventral hernia
C Massive intestinal adhesions.

(duration) 19 yrs. mos. ds.

CONTRIBUTORY (Secondary): Fecal fistula, Cardiac failure (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Fairmont W. Va.

Did an operation precede death? yes Date of 9-13-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Roberts Phillips, M. D.

. 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont W Va

DATE OF BURIAL: Sept 22 1928

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 37590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37590

CERTIFICATE OF DEATH

REGISTERED NO. 17

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Calhoun & Fayette ST. 8 (WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ornetta Parker

(a) RESIDENCE NO. 214 N. Fulton Fremont ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 9 1923

7 AGE: Years 5 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nv

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

10 NAME OF FATHER: Charles Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ruth Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

PARENTS

14 Informant: Charles Parker

(Address): 214 N. Fremont ave

15 Filed 21 1928 C. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928, to Sept 19, 1928, that I last saw h[illegible] alive on Sept 19, 1928 and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows: Second degree burns of body. Third degree burns of face

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clynical signs

(Signed) [illegible] M. D.

Sept 17, 1928 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 9-19 1928

20 UNDERTAKER: Daniel Corbin — ADDRESS 916 Oliver

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37591

CERTIFICATE OF DEATH.

3

E 37591

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. 10-14 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Matthews

(a) RESIDENCE No. 823 Stirling st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Harry Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Unknown~~ Balto Md

12 MAIDEN NAME OF MOTHER Della Sharpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Unknown~~ Balto. Md.

14 Informant Hospital Records

(Address) C. Hanson Jewett M.D.

15 Filed SEP 21 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 3, 19 28 to Sept. 18, 1928, that I last saw her alive on Sept. 18, 1928 and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Path. & Clinical

(Signed) Henry C. Smith M. D.

9-18 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashbury Cemetery | DATE OF BURIAL: Sept 22, 28

20 UNDERTAKER: Chas. H. Johnson & Co | ADDRESS: 67 N. Carlton St.

Spec.—1-10-21—M&T—1500 Bks.

E 37592 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37592

CERTIFICATE OF DEATH.

116-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr John Herr

(a) RESIDENCE NO. Seminole Ave ST., Catonsville Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L. Herr

6 DATE OF BIRTH (month, day, and year) Sept 20 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Herr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Fickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs C. S. Herr

(Address) Seminole Ave

15 Filed SEP 21 1928 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-16, 1928, to 9-19, 1928, that I last saw h alive on 9-19, 1928, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Peritonitis.

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Peritonitis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-17-28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. T. Silver, M. D.

(Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 19

20 UNDERTAKER Geo W Little ADDRESS

Cor.—12-9-25—A Co.—200 Hks.

E 37593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37593

CERTIFICATE OF DEATH.

REGISTERED NO. 185

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 7-5-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence J. Harris

(a) RESIDENCE NO 206 Fourth Ave. Brooklyn Park, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 12, 1907.

7 AGE — Years: 21 — Months: 8 — Days: 8 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: State Engineering Co.

9 BIRTHPLACE (city or town)

(State or country): Hibbing, Minn.

PARENTS

10 NAME OF FATHER: William J. Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Mich.

12 MAIDEN NAME OF MOTHER: Clara Raymond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Hurley, Wis.

14 Informant: William J. Harris

(Address): 206 Fourth [illegible] JAYSON JONES, M.

15 Filed SEP 21 1928, 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 20, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound fracture of left femur.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ... yrs. ... mos. ... ds.

(Signed) Eugene Feller, M. D. (Coroner)

9/21 19 28 Address 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes; state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Alcohol Plant. Curtis Bay. Fell 90 ft. while painting.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hibbing Minn. Date of Burial Sept 22, 19 28

20 UNDERTAKER: John F. [illegible] ADDRESS 710 Light St

Cor.—[illegible]—200 Bks.

E 37594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37594

CERTIFICATE OF DEATH.

179

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Tillis-

(a) RESIDENCE NO. 1109 E. Lombard St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Unknown 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Koppel Tillis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie ----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

15 Filed SEP 21 1928 19 C. Murray Jones, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 20 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns on face, hands & trunk.
(Playing with matches)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Walker M. D.
(Coroner)

9 21 1928 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Workmen Circle, Carmel Date of Burial 9-21-19 28

20 UNDERTAKER. Jack Rewis ADDRESS 1439 E. Balto. St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37595

CERTIFICATE OF DEATH

129 E 37595

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 31 W. Preston ST. 11-24 WARD)

2—FULL NAME Ida C. Burke.

(a) RESIDENCE NO. 31 W. Preston St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
F	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 25, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond Virginia

10 NAME OF FATHER Peter B. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret E. Ballard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mrs. Estate (Mrs. H. Endicott)

(Address) 31 W. Preston St.

Filed SEP 21 1928 C. KARSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1928, to Sept. 19, 1928, that I last saw h alive on Sept. 19, 1928 and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Bright Dis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. S. Wilson M. D.

, 19 (Address) 32 W. Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Sept 22 1928
20 UNDERTAKER George Smith	ADDRESS 332 N. Eutaw

Spec.—1-12-23—M&T—500 Bks.

E 37596 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37596

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 927 Harford ave.

REGISTERED NO.

CITY OF BALTIMORE: (No. 927 Harford ave ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Tinsley

(a) RESIDENCE NO. 927 Harford ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Tinsley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
about	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) 927 Harford ave Henry Tinsley

15 Filed SEP 21 1928, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from August 29, 1928, to Sept 18, 1928, that I last saw h[illegible] alive on Sept. 15, 1928, and that death occurred, on the date stated above, at 8 30 Pm

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos 4½ ds.

CONTRIBUTORY (Secondary) Bronchiectasis

(duration) yrs. mos. 4 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none except Phys.

(Signed) E. M. Miller, M. D.

9/8 1928 (Address) 1613 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Sept 22 1928

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Ashland Ave

Spec. 1500 Blks.

E 37597

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37597

CERTIFICATE OF DEATH.

57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST. 1623 (WARD)

2-FULL NAME Samuel Meister

(a) RESIDENCE NO. 1204 Harlem Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 19 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Meister

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 38 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Meister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Berkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Morris Meister 1538 Eutaw St

15 Filed SEP 21 1928 19 C. BAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/20 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/13 1928 to 9/20 1928.

that I last saw him alive on 9/20 1928.

and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

1. Diabetes Mellitus
2. Nephritis (chronic)
3. Brain abscess (4 days)

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes autopsy

What test confirmed diagnosis?

(Signed) [illegible] M D M. D.

9/21 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodelph — DATE OF BURIAL: 9/21 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Baltimore St

Spec.—1-12-23—M&T—500 Bks.

Frederick Schaefer ✓

37598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4B L 37598

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. & Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Schaefer.

(a) RESIDENCE NO. 730 E. Fayette St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 52 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Wm. Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Hellberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant: Hosp. Records

(Address)

15 Filed SEP 21 1928, 19 C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/20 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/16, 1928, to 9/20, 1928, that I last saw h— alive on 9/20, 1928 and that death occurred, on the date stated above, at 11.50 A.M.

The CAUSE OF DEATH* was as follows:

Anemia Typhoid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Mark, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 9/21 1928

20 UNDERTAKER: C. J. Fanning & Son

ADDRESS: 1938 E. Lafayette Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37599

129

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1639 Division ST. 14-20 WARD)

2—FULL NAME Max Grundhalt.

(a) RESIDENCE NO. 1639 Division ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., If foreign birth? 35 yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bena.

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
	66	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Jacob Grundhalt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Bella Hik.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Mrs Bena Grundhalt

(Address) 1639 Division st

Filed SEP 21 1928 19 JAMES H. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1928, to Sept 20, 1928,

that I last saw him alive on Sept 20, 1928

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis
Chronic Interstitial Nephritis

(duration) 10 yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 15 hours.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Julian S Grishwold, M. D.

9/21, 1928 (Address) 1362 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL 9/21 1928

20 UNDERTAKER Sol Levinson - Bro — ADDRESS 1627 Balto st

Spec.—1-12 23—M&T—500 Blks.

E 37600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37600

CERTIFICATE OF DEATH 31

1-PLACE OF DEATH Balto City Hosp's

CITY OF BALTIMORE: (No. Balto Md. ST. 15-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dayson

(a) RESIDENCE No. 1355 N. Stricker ST. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 27 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hosp's Balto Md.

15 Filed SEP 21 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-16 1928

17

I HEREBY CERTIFY, That I attended deceased from 4-3 1928 to 9-16 1928

that I last saw her alive on 9-16 1928

and that death occurred, on the date stated above, at 11 1 m.

The CAUSE OF DEATH was as follows:

Multiple pulmonary abscesses, bilateral (pyogenic)

(duration) yrs. mos. 2 3 ds.

CONTRIBUTORY (Secondary) Epilepsy & mental deficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Fletcher Hurd M. D.

9/21 1928 (Address) Balto City Hospitals

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: Sept 21 1928

20 UNDERTAKER: John J. Fahey & Sons — ADDRESS: 1318 Light St

Spec.—1-12-23—M&T—500 Blks.

E 37601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. [illegible] St. [illegible] WARD [illegible]

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [illegible]

(a) RESIDENCE NO. 609 Park Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX [illegible]

4 COLOR OR RACE [illegible]

5 Single, Married, Widowed, or Divorced, (write the word) [illegible]

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) [illegible]

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant

(Address)

15 Filed SEP 21 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/17 19 28, to 9/16 19 28, that I last saw h[illegible] alive on 9/16 19 28, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows: [illegible]

yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Aug 24 1928

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL Sept 21 19 28

20 UNDERTAKER Jabez J. Fahey ADDRESS Long 1318 Light

Spec.—I-12-23—M&T—500 Bks.

E 37602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37602

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3006 N. Calvert ST. 17-50 (WARD)

2-FULL NAME Albert H Sapp

(a) RESIDENCE NO. 3006 N. Calvert ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. — mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of ~~or) Wife of~~ Caroline Sapp

6 DATE OF BIRTH (month, day, and year) Sept 3rd 1848

7 AGE: Years 80 | Months — | Days 17 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Post office Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Post office Washington D.C.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Sapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Zeda Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. H. M. Fowler

(Address): 3006 N. Calvert St

15 Filed SEP 21 1928 C. NAPIER JONES, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to Sept. 20th, 1928, that I last saw him alive on Sept. 20th, 1928, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. Albert Hill, M. D.

19 (Address) 3006 N. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Sept 22nd 1928

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 N. Monument St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37603

CERTIFICATE OF DEATH.

E 37603

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3737 E. Gough St. 9-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ine Ellwee

(a) RESIDENCE No. 3727 E. Gough ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Ellwee

6 DATE OF BIRTH (month, day, and year) July 8-1858

7 AGE Years 70 Months 2 Days 12 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Alfred Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md.

12 MAIDEN NAME OF MOTHER Owen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Mary Hoffman (Address) 3727 E. Monument St.

15 Filed [illegible] 1928 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Sept 20, 1928, that I last saw her alive on Sept 17, 1928 and that death occurred, on the date stated above, at 7 a m

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Gradual

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Sellow, M. D.

9/20 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemtery DATE OF BURIAL Sept 22 1928

20 UNDERTAKER John A. Moran ADDRESS 5020 E. Balto St

Spec.—1-12-23—M&T—500 Bks.

E 37604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37604

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.T.) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Donohue

(a) RESIDENCE NO. 2229 E. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878 July 5

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Morgan Donohue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Virginia Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed SEP 21 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to Sept. 20, 1928, that I last saw him alive on Sept. 20, 1928 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Lab Clinical Path.

What test confirmed diagnosis?

(Signed) Henry C. Smith, M. D.

9-20 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cem.	9/21/1928
20 UNDERTAKER Philip Hennig	ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 37605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37605

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A. Frederick

(a) RESIDENCE NO. 328 S. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1882.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Ruler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob A. Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie M. Dowling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles M. Frederick

(Address) Halethorpe, Md.

15 Filed 1928 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 1928

17

I HEREBY CERTIFY, That I attended deceased from August 23, 1928, to September 21 1928, that I last saw h[illegible] alive on Sept. 19, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis with Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory - Blood urine

(Signed) Thos. C. Stacy, Jr., M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 9/22/28

20 UNDERTAKER: Henry L. Witzke

ADDRESS: 153 N. Lombard St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37606

CERTIFICATE OF DEATH.

102 E 37606

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Hall

(a) RESIDENCE NO. 1419 Laurens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4-Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 14 27

7 AGE — Years: 1 Months: 2 Days: 5 IF LESS than 1 day ....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER Edw. Hall

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Alabama

12 MAIDEN NAME OF MOTHER Lena —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Virginia

14 Informant: Mother

(Address)

15 Filed 1928, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry,) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Pericarditis — Acute

Purulent Pleuritis - Bilateral

Adelectasis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Autopsy at Hopkins

(duration) yrs. mos. ds.

(Signed) J. W. Dalton M. D.

(Coroner)

19 (Address) 506 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Sept 12 28

UNDERTAKER: Hamme & Wyatt ADDRESS: 364 Mon

Cor.—12-9-25—A Co —200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37607

CERTIFICATE OF DEATH.

E 37607

177

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 17-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Conway

(a) RESIDENCE NO. 640 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28, 1896.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) La.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Lena Wright

(Address) 640 W. Franklin St.

15 Filed 1928 C. BANCROFT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Poisoned by methyl alcohol. Accident.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Gilbert, M. D. (Coroner)

9/20/ 28 (address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedarhill cemetery Date of Burial Sept 22 1928

20 UNDERTAKER Robert Brookesson ADDRESS Calhoun & Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

E 37608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 37608

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 13 W. 25th St ST. 12 51 WARD)

2—FULL NAME Katherine M Gorsuch

(a) RESIDENCE NO. 13 W. 25th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 4 1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Albert Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Maude Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Albert F. Gorsuch

(Address) 13 W 25th St

Filed C. BANCROFT JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20/28

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Sept 20, 1928, that I last saw her alive on Sept 17, 1928 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. W. Brown, M. D.

Sept 21 1928 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Sept 22 1928

20 UNDERTAKER Mary M Widefield — ADDRESS 501 E 22nd St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 37609

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 239 S. Regester ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME LUDWIK J. KRISTYNIAK,

(a) RESIDENCE NO. 239 S. Regester ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 5 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 17-1928.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Wladislaus Krystyniak,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Polano,

12 MAIDEN NAME OF MOTHER: Antonina Goralski,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland,

Informant: Wladislaus Krystyniak,

(Address) 239 S. Regester St

Filed 8 1928 C. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 19 28 to Sept 21, 19 28

that I last saw h[illegible] alive on Sept 21, 19 28

and that death occurred, on the date stated above, at 11.00 A-m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.
(Simple)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 801 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus.

DATE OF BURIAL: Sept. 22" 1928.

20 UNDERTAKER: M. J. Sadowski.

ADDRESS: 405 S. Ann St

Spec.—1-12-23—M&T—500 Bks.

E 37610 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37610

ESLINGER CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 Nanticoke St. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie T. Esslinger, Benezet

(a) RESIDENCE No. 1149 Nanticoke ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	Widow

5a If ~~married, widowed, or divorced~~ (or) WIFE of Gottlieb Esslinger + Thos. Benezet

6 DATE OF BIRTH (month, day, and year) Jan 1 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Pfeifer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna M. Schmidt

(Address) 1149 Nanticoke St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1926, to Sept 20, 1928, that I last saw h alive on Sept 18, 1928, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) about 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Aortic stenosis + coma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. C. Knight, M. D.

Sept 20, 1928 (Address) 402 S. Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Sept 22 1928
20 UNDERTAKER	ADDRESS
Wm + Wm. Chas H. Tenfel + Son	80 N. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

E 37611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37611

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Copney (Corping)

(a) RESIDENCE NO. 402 Agate Ct. Balto., Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	IF LESS than 1 day .....hrs. or.....min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Coal Wagon

9 BIRTHPLACE (City or town)

(State or country) N.C.

PARENTS

10 NAME OF FATHER Charles Carping

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Susie White

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) N.C.

14 Informant Sherman Wilson (Bro-law)

(Address) 217 N. Pine St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h/s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Trachael Obstruction
(Clasification impossible no autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner)

9/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: High Point N. C. Date of Burial: 9/21 1928

20 UNDERTAKER: Dan Easton ADDRESS 9/26

1928 C. MAYNARD JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37612

CERTIFICATE OF DEATH.

101-001

E 37612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 706 Gold ST. 15-21 WARD)

2-FULL NAME James Arthur Young

(a) RESIDENCE NO. 706 Gold ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colrd

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Effie Wiggins Young

6 DATE OF BIRTH (month, day, and year): Sept. 12. 1880

7 AGE — Years: 48 — Months: 0 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co

10 NAME OF FATHER: Emory Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co.

12 MAIDEN NAME OF MOTHER: Whitely Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md.

14 Informant (Address): Effie Wiggins Young 706 Gould St.

15 Filed SEP 22 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 19 28, to Sept 19, 19 28, that I last saw h~~im~~alive on Sept 19, 19 28 and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia R.U.L. Middle Lobe (duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs 2, mos. ? ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) W. H. Wright, M. D.

(Address) 1209 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9/22 19 28

20 UNDERTAKER: Samuel T Kinsley

ADDRESS: Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 37613 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117 E 37613

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 1800 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Whiting

(a) RESIDENCE NO. 521 N Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

If married, widowed, or divorced
(or) WIFE of Mamie Whiting

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Day) 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Middlesex Co. Va

10 NAME OF FATHER Wm Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Aldertown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aldertown

Informant Mamie Whiting

(Address) 521 N. Carey St

Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-19-28

17

I HEREBY CERTIFY, That I attended deceased from 9-16, 1928, to 9-19, 1928.

that I last saw h alive on 9-18, 1928

and that death occurred, on the date stated above, at 5:10 a m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
Mastoid
Cerebral Embolus

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/17/28

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J. L. Jackson M. D.

9/19/28 (Address) 605 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	9/22/28
20 UNDERTAKER	ADDRESS
Samuel Hemsley	W Baltimore

Spec.—1-12-23—M&T—500 Bks.

STROWN

E 37614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 | E 37614

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp St. 1-9 WARD)

2-FULL NAME Louis Strauss

(a) RESIDENCE NO. 1611 Hollins St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Charles Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Miller?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Baltimore City Hospitals

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/13, 1928, to 9/21, 1928, that I last saw him alive on 9/21, 1928 and that death occurred, on the date stated above, at 7.50 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Senility

Uremia

Contributory (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No (Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Hurd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Sept 26 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

Gray

21795 E 37615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37615

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ST., WARD) REGISTERED NO. 954

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Guy Gray

(a) RESIDENCE NO. 256 S Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 10/4/27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) gd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Guy Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address)

Filed 22 1928 C. RAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-21-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-15, 19 28, to Sept-21, 19 28,

that I last saw him alive on Sept-21, 19 28

and that death occurred, on the date stated above, at 1:45 a m.

The CAUSE OF DEATH* was as follows:

~~Cerebral Embolism~~

Broncho Pneumonia

(post pertussis)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: sept 24 1928

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 37616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 188-001 E 37616

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 4-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Condon.

(a) RESIDENCE NO. 149 Elizabeth Ave Lansdowne Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, ~~WIDOW or WIDOWER~~ HUSBAND of ~~WIFE of~~ Cora V. Condon.

6 DATE OF BIRTH (month, day, and year) April 11, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gang foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Pa. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER Henry J. Condon.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rachael A. Hays.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Cora V. Condon. (wife)

(Address) 149 Elizabeth Ave Lansdowne, Md.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed about the body by having been run over by a Pa. R. R. Engine.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto F. Bernhardt, M. D. (Coroner)

9/21 1928 (Address) 1019 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mt. Vernon Yards Pa. R. R. Co. Sep. 13, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery Date of Burial Sept 22 1928

20 UNDERTAKER John F. Denny ADDRESS 75 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37617

CERTIFICATE OF DEATH.

131 E 37617

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 20-64 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Jones

(a) RESIDENCE NO. 2301 W. Balto., St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wesley Jones

6 DATE OF BIRTH (month, day, and year) August 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Siegel Rothschild

(c) Name of employer Unbrella Co

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Daniel Jones

(Address) 600 S. 4th St. Brooklyn

15 Filed SEP 22 1928 C. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20, 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis-Abcessed Kidney (Pyelitis)

(Autopsy at St. Joseph Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

9/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem. Date of Burial Sept 24 1928

20 UNDERTAKER J. H. Denny ADDRESS 715 Light

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37618

CERTIFICATE OF DEATH

40 E 37618

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (St.) 16-18 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Mitchell

(a) RESIDENCE NO. 1127 Harlem av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Mitchell

DATE OF BIRTH (month, day, and year) Apr 25, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Charles Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chas Co

12 MAIDEN NAME OF MOTHER Catharine Hewson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary Co

Informant Fannie Mitchell

(Address) 1127 Harlem ave

Filed Sept 22 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 20, 1928, that I last saw him alive on Sept 19, 1928, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Uremia.

Exhaustion.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. 9 ds.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 9/14/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Braun, M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Sept 23 1928

20 UNDERTAKER Lottie Gross | ADDRESS 1407 McElderry St

pec.—2-29-28—L. F. S.—500 Bks.

E 37619 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37619

CERTIFICATE OF DEATH

REGISTERED NO. 129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 S. Potomac ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME: Thomas H. Gudgeon, Sr.

(a) RESIDENCE NO. 913 S. Potomac ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Nettie A. Gudgeon

DATE OF BIRTH (month, day, and year) May 8th 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	4	12	

OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work Retired 240

(b) General nature of industry, business, or establishment in which employed (or employer) formerly Cabinet Maker factory

(c) Name of employer Haywood Wakefield Co.

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm A. Gudgeon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown England

12 MAIDEN NAME OF MOTHER Mary Frederick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Howard W. Gudgeon

(Address) 913 S. Potomac St.

Filed SEP 22 1928 19 HARRY JOHNS, B. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20th 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1927, to Sept 20, 1928, that I last saw h. alive on Sept 19, 1928 and that death occurred, on the date stated above, at 7 15 a m.

The CAUSE OF DEATH* was as follows:

Enteritis colitis chronic
(a chronic nephritis)

(duration) 1 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? albumin etc.

(Signed) N. V. Wrigley M. D.

Sept 21, 1928 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Sept. 24th 1928
20 UNDERTAKER Lilly & Geiler Inc.	ADDRESS 403 S. Wolfe St

rec.—2-29-28—L. F. S.—500 Bks.

E 37620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37620

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 12-50

CITY OF BALTIMORE: (No. 321 E. 28th. St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Byrne

(a) RESIDENCE NO. 321 E. 28th. st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sabina R. Byrne.

DATE OF BIRTH (month, day, and year) 1845

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Sabina Byrne

(Address) 321 E. 28th. St.

Filed SEP 22 1928, 19 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21st. 1928.

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Sept. 20th, 1928.

that I last saw him alive on Sept. 20th, 1928

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Not Known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - General.

Not Known. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Pressure - Phys. Ex.

(Signed) William A. Linton, M. D.

, 19 (Address) 2742 N. Calvert St. City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery.	9/24/28. 19

20 UNDERTAKER Chas. H. Grace & Son ADDRESS 1118 W. Royal Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37621

CERTIFICATE OF DEATH

129 E 37621

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1336 N. Broadway ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Phillman

(a) RESIDENCE NO. 1336 N. Broadway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., If foreign birth? 75 yrs. mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Louisa Phillman

DATE OF BIRTH (month, day, and year) March 23 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mr. Charles Phillman

(Address) 1777 Montpelier St.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Sept 21, 1928, that I last saw him alive on Sept 20, 1928, and that death occurred, on the date stated above, at 11 ½ P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Cystitis + Enlarged Prostate

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbuncle

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. G. Davis, M. D.

Sept. 22, 1928 (Address) 1509 N Gorsuch St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept. 25 1928
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

1928 C. [illegible] JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

E 37622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37622

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No.) (St.) (Ward) 12-44

REGISTERED NO. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Carrie Wilson

(a) RESIDENCE NO. 321 Wendover Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: White

4 Color or Race: Female

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Chas L Wilson

6 DATE OF BIRTH (month, day, and year): Dec 13 1851

7 AGE — Years: 76 Months: 9 Days: 7

IF LESS than 1 dsy hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): S Carolina

(State or country)

PARENTS

10 NAME OF FATHER: John Wesley Walker

11 BIRTHPLACE OF FATHER (City or town): S Carolina

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Grady

13 BIRTHPLACE OF MOTHER (City or town): Georgia

(State or country)

14 Informant: J L Wilson

(Address) 269 Col. Rd D.C.

15 Filed A [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 20 1928

17 I HEREBY CERTIFY, That I attended deceased from August 18, 19 28 to Sept 20, 19 28

that I last saw her alive on Sept 20, 19 28

and that death occurred, on the date stated above, at 5:25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis. Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis W Gillis M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Central Md — Date of Burial: 9/22/28

20 UNDERTAKER: Fenge & Farley Fallon Md — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 37623 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO. 117

CITY OF BALTIMORE: (No. Caroline St. WARD 5 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Hugh Healy

(a) RESIDENCE NO. Woodstock St. WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4 1892

7 AGE 36 Years Months Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER John D Healy

11 BIRTHPLACE OF FATHER (city or town) New York (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant College Record. (Address)

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-28

17 I HEREBY CERTIFY, That I attended deceased from 9-19-28, 19 , to 9-22-28, 19 .

that I last saw h alive on 9-22-28, 19 .

and that death occurred, on the date stated above, at 3304 m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9/19/28

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) W B Fleming M. D.

St. Joseph Hospital

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock College

DATE OF BURIAL 9-24 1928

20 UNDERTAKER Chas J Smith & Co Inc Edmondson Ave

ADDRESS 3610

RAYMOND JONES, M. D. Registrar

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37624

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

178 E 37624

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1410 Madison ave ST. 14-20 WARD

2-FULL NAME L. Burgess Bell

(a) RESIDENCE. No. 1410 Madison ave ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Male	col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie H. Bell

6 DATE OF BIRTH (month, day, and year): Jan 24 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Forrest Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Lucretia Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Allie E. Rice (Sister) 1410 Madison Ave

15 Filed SEP 22 1928 19 C. HAMPSON JONES, M. D. Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-21 1928

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 19 ~~1928~~ to Sept 21 1928, that I last saw h[illegible] alive on Sept 21 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) about 2 wks yrs. mos. ds.

CONTRIBUTORY (Secondary): Don't Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Gonnah, M. D.

9.24. 1928 (Address) 117 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminister, Md. DATE OF BURIAL: 9-23-28

20 UNDERTAKER: Jno. T. McJohnson ADDRESS 1204 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37625

CERTIFICATE OF DEATH.

167-1001 E 37625

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2812 Fulton St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Kruzla

(a) RESIDENCE NO. 2812 Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): 9-15-1892

7 AGE: Years 36 Months Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machine Stoker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER ✓

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER ✓

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Wotas

(Address) 7372 Linwood ave

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas Poisoning 3 Hr.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Not Injured

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. Date of Burial: Sept 22 1928

20 UNDERTAKER: Stephen J. Fickowski ADDRESS: 1000 S. Kenwood Ave

...c.—2-29-28—L. F. S.—500 Bks.

E 37626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-007

E 37626

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1037 Harford ave ST. 10-14 WARD)

2—FULL NAME William E Ginter

(a) RESIDENCE NO. 1037 Harford ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced
HUSBAND of (or WIFE of): Annie Ginter

DATE OF BIRTH (month, day, and year): March 6 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: George H Ginter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Walstrum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Annie Ginter

(Address): 1037 Harford ave

SEP 22 1928 Filed, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 14th, 19 28, to Sept 20th, 19 28, that I last saw him alive on Sept 20th, 19 28 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

a Arteriosclerosis
Cause of Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Sept 22, 19 28 (Address) 1077 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 9/22/1928

20 UNDERTAKER: Scott Funeral Home

ADDRESS: 1401 N Broadway

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37627

CERTIFICATE OF DEATH.

90 E 37627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 W Lexington St. WARD) 4-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Cook

(a) RESIDENCE No. 1613 W. Lexington ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	married

a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Julia Cook

DATE OF BIRTH (month, day, and year) Aug 15 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work blind.

(b) General nature of industry, business, or establishment in which employed (or employer) Workshop for Blind.

(c) Name of employer

BIRTHPLACE (city or town) Middlesex Co (State or country) Va.

10 NAME OF FATHER William H Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Julia Cook

(Address) 1613 W Lexington st

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21- 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/29, 1928, to 9/21, 1928, that I last saw h.. alive on 9/14, 1928, and that death occurred, on the date stated above, at 5:45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Heart Disease.

Acute 20 3 months ds.
(duration)

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

9/21 1928 (Address) Woodlawn Va

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL 9-24 1928

20 UNDERTAKER Joseph A Lively 409 N Mount st — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 37628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37628

E 37628

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH Found floating in the water at the Foot of William St.

City of BALTIMORE: (No. 24-34 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Unknown. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ----------

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years: About 55 | Months: ---------- | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Police Report. B.D.

(Address)

15 Filed SEP 22 1928 19

Registrar

MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found September 10, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probably accidental.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Coroner) M. D.

9/20, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY Date of Burial SEP 22 1928 19

20 UNDERTAKER ADDRESS

Spec.—12-9-25—A Co.—200 Pks.

E37629 HEALTH DEPARTMENT—CITY OF BALTIMORE E37629

CERTIFICATE OF DEATH.

161-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1702 Lancaster St. (Ward)

2-FULL NAME Lupe Sanchez

(a) RESIDENCE NO. 1702 Lancaster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 22 19??

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Emanuel Sanchez

11 BIRTHPLACE OF FATHER (city or town): Spain

(State or country)

12 MAIDEN NAME OF MOTHER: Sofia Korkowska

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

14 Informant: Jacob Sanchez

(Address) 1702 Lancaster St.

15 Filed SEP 23 1940 Registrar

16 DATE OF DEATH (month, day, and year): Sept 22 19??

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 19?? to Sept 22 19??, that I last saw h?? alive on Sept 22 19??, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Brain

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Krause M. D.

19 (Address) 201 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Hospital Date of Burial 19

20 UNDERTAKER: Edwin Jones, M. D. ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E37630

37630

CERTIFICATE OF DEATH.

113 E 37630

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3819 Hollins St. Masonville 25-78 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Olup.

(a) RESIDENCE NO. 3819 Hollins St. Masonville St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 9 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 12, 1927.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Andrew Olup.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Annie Bokes.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Annie Olup. (mother)

(Address) 3819 Hollins St. Masonville.

15 Filed 9-22 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto F. Leonhardt M. D.

(Coroner)

9/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem Date of Burial Sep 22 1928

20 UNDERTAKER John McWeber ADDRESS 401 S Chester St

Spec.-7-17-26—A Co.—200 Bks.

E 37631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37631

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3000 Hamilton Avenue, Hamilton 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W. Hall Read

(a) RESIDENCE NO. 3000 Hamilton Avenue, Hamilton Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31st, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	33	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) General Supply

(c) Name of employer Northeastern Supply Co.

9 BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

PARENTS

10 NAME OF FATHER James P. Read

11 BIRTHPLACE OF FATHER (City or town) Balto.Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mollie D. Dodd

13 BIRTHPLACE OF MOTHER (city or town) Balto.Co.
(State or country) Maryland

14 Informant Mollie D. Read
(Address) 3000 Hamilton Avenue

15 Filed SEP 22 1928 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 . 19 28 . to Sept 21 19 28 .
that I last saw h. alive on Sept 20 . 19 28 .
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:

Probable Pulmonary Embolism.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis & Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Smith, M. D.

Sept 22 19 28 (Address) 4202 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — Date of Burial Sept 23 1928

20 UNDERTAKER Frederick Lassahn & Son — ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37632

CERTIFICATE OF DEATH.

49 E 37632

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (St.) 2-4 (WARD)

2-FULL NAME Alexander Bajenski or Bagenski

(a) RESIDENCE No. 735 S. Ann St. (Usual place of abode) ST. WARD

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
45				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Prosper Bajenski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Alexandra Bagenska.

(Address) 735 S Ann St.

Filed Sept 22 1928 19 C. HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1928.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8th 1928 to Sept. 21 1928.

that I last saw him alive on 19

and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Malignancy of the right lower bronchus; possible carcinoma.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septic infection of lung.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Henry C Smith M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Sept 24 1928
20 UNDERTAKER	ADDRESS
George A Weber	2206 Bank St.

Spec.—1-12-23—M&T—500 Bks.

E 37633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37633

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 428 S. Pulaski St. (Ward) 70-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Kallinsky

(a) RESIDENCE No. 428 S. Pulaski St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of: Joseph Kallinsky

DATE OF BIRTH (month, day, and year): 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Aaron Bruneky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Poliakunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Jack Lewis

(Address) 1439 E Balto St

Filed 1928 — 19 — C. [redacted] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/23 1928

17

I HEREBY CERTIFY, That I attended deceased from September 10, 1928, to September 23, 1928,

that I last saw her alive on September 23, 1928

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical (X ray)

(Signed) [redacted], M. D.

19 (Address) 511 N Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 9/23 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

E 37634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37634

CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

City of BALTIMORE: Ward Patapsco Falls St. 6-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wolkoff

(a) RESIDENCE NO. 1396 Montford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Rosa

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE — Years: 54 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Aaron Wolkoff

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Henrietta Unknown

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: I. Wolkoff

(Address) 1396 Montford ave

15 Filed ..... 19..... Registrar

1928 C. HERTZOG JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia —

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration: yrs. mos. ds.

Signed: G. Glodz M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cemetery Date of Burial: 1/23/1928

20 UNDERTAKER: Sol Levinson & Bro ADDRESS 1127 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37635

CERTIFICATE OF DEATH.

179

E 37635

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen Hosp. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Wilfer or Melnechuk.

(a) RESIDENCE No. 508 S. Robinson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Agnes Melnechuk

6 DATE OF BIRTH (month, day, and year): July 21-1900

7 AGE — Years: 28 Months: 2 Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crane Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

(c) Name of employer: Sparrows Point

9 BIRTHPLACE (city or town): Russia Poland

(State or country)

PARENTS

10 NAME OF FATHER: Albert Melnechuk

11 BIRTHPLACE OF FATHER (city or town): Russia Poland.

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Lypacz

13 BIRTHPLACE OF MOTHER (city or town): Russia Poland

(State or country)

14 Informant: Lena Agnes Melnechuk

(Address) 508 S. Robinson St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

1928 Mar ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd & 3rd Degree burns Arms, Neck & Thorax

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Signed) H. A. Lynch M. D.

(Coroner)

(Address) North Ave & Dunbar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Bethlehem Steel Co

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Independent Date of Burial: Sept 24 '28

20 UNDERTAKER: John W. Weber ADDRESS: 1212 Chester St

Spec.—1-12-28—M&T—500 Bks.

E 37636 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37636

CERTIFICATE OF DEATH.

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1129 Hollins ST. 18-2 (WARD)

2-FULL NAME Antonetta Scalco

(a) RESIDENCE NO. 1129 Hollins ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	—

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 27-1927

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City Md

10 NAME OF FATHER Vincenzo Scalco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Vincenzo Scalco

(Address) 1129 Hollins St

Filed: 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 23, 1928, that I last saw her alive on Sept 22, 1928 and that death occurred, on the date stated above, at 2:30 a m

The CAUSE OF DEATH* was as follows:

Primary Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Extinction

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano, M. D.

Sept 23, 1928 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	9/24 1928
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Baltimore Md

Spec.—1-12-23—M&T—500 Blks.

E 37637

HEALTH DEPARTMENT—CITY OF BALTIMORE

14001

E 37637

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 14001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1709 Hollins St. ST. 19-28 WARD)

2-FULL NAME Margaret C. Dews

(a) RESIDENCE NO. 1709 Hollins St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Charles C. Dews.

6 DATE OF BIRTH (month, day, and year): JAN. 1st 1863

7 AGE: Years 65; Months 8; Days 20; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Chas. C Dews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va.

12 MAIDEN NAME OF MOTHER: Tinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

PARENTS

14 Informant: Herbert E. Dews (Address) 1709 Hollins St.

15 Filed 29 1928 19 G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 20, 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 15th. 19 28 to Sept. 20th. 19 28, that I last saw h alive on Sept. 20th. 19 28 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. H. Cruickshank, M. D.

19 (Address) 24 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Sept 24 1928

20 UNDERTAKER: Robert Brookerson

ADDRESS: Calhoun & Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 37638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37638

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2862 W Lanvale ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maebelle L Hickman

(a) RESIDENCE NO. 2862 W. Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced (~~write the word~~)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-27

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Laurence Hickman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Churchfield md

12 MAIDEN NAME OF MOTHER: Ethel Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant: Laurence E. Hickman

(Address) 2862 W. Lanvale St.

15 Filed 9 1928

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/10/25, 19 . to 9/22/25, 19 .

that I last saw h[illegible] alive on 9/22/25, 19

and that death occurred, on the date stated above, at 5.30 A m

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hist of Whooping cough

(Signed) Walter C Bacon, M. D.

9/24 1928 (Address) 1002 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western cemetery

DATE OF BURIAL: 9/27 1928

20 UNDERTAKER: Robert Brooksieu

ADDRESS: Calhoun Hollins

Spec.—1-10-21—MAT—1500 Blks.

E 37639 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37639

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH St Joseph Hosp.

CITY OF BALTIMORE: (No.) ST. 13-59 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Price

(a) RESIDENCE NO. 2809 Woodbrook Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F Price

6 DATE OF BIRTH (month, day, and year): July 4 / 1866

7 AGE — Years: 62 — Months: 2 — Days: 18 — if LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Muncy Lycoming Co Pa.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Charles M Kolbe

(Address) 2800 London Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Sept 22, 1928, that I last saw h[illegible] alive on 9/22/, 1928, and that death occurred, on the date stated above, at 12⁰³ A m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease.
Pyelitis (Right side)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

Uremia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. A. Farrance, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 24 1928

20 UNDERTAKER: Harry R. Armacost — ADDRESS: 4704 Ridgewood Ave

Spec.—1 12-23—M&T—500 Blks.

E 37640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37640

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Chelsea Terrace WARD) 5-61

2-FULL NAME Raymond Barnes

(a) RESIDENCE NO. 2303 Chelsea Terrace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Jane Barnes

DATE OF BIRTH (month, day, and year) May 17 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74	4	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 045

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Robert Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Emma Jane Barnes

(Address) 2303 Chelsea Terrace

15 Filed SEP 27 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1927, to Sept 22, 1928, that I last saw him alive on Sept 22, 1928, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. (Degenerative)

(duration) 3 yrs — mos — ds.

CONTRIBUTORY (Secondary) arterio Sclerosis several years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Gradual onset

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical Ex

(Signed) H. A. Dodds, M. D.

Sept 23 1928 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Pa DATE OF BURIAL Sept 24 1928

20 UNDERTAKER J. F. Ellis Henkelmann ADDRESS 114

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 37641 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37641

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: No 909 Harlem av St. 16 WARD

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Carter

(a) RESIDENCE. No. 909 Harlem av St., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6 DATE OF BIRTH (month, day, and year) Jan 8 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sandy Spring Md

PARENTS

10 NAME OF FATHER Wm. Moody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hattie Carter (Address) 909 Harlem ave

15 Filed 1928 G. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2 1928, to Sept 20 1928, that I last saw h alive on Sept 20 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease, Mitral incompetency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None Known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys exam.

(Signed) Chas. J. Keller, M. D.

9/20, 1928 (Address) 222 N. Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sandy Spring Md. DATE OF BURIAL 9/23/1928

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid

Spec.—1-10-21—M&T—1500 Bks.

E 37642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37642

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 N. Charles ST. 12th WARD) ST. 12th WARD

2-FULL NAME Laura Emma Booz

(a) RESIDENCE NO. 2607 N. Charles St. ST. 12th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of: Washington B. Booz.

6 DATE OF BIRTH (month, day, and year): October 18th 1862

7 AGE: Years 65 Months 11 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Philadelphia - Pa.

PARENTS

10 NAME OF FATHER: Allen Michener

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Allen M. Booz. 2607 N. Charles St.

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1928, to Sept 22nd, 1928, that I last saw h[illegible] alive on Sept. 22nd, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency. Myocarditis Arteio-sclerosis. Cerebral Thrombosis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Broncho. Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual physical examination

(Signed) E. V. Bridgman, M. D.

, 19 (Address) 11-E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phila Pa

DATE OF BURIAL: Sept 27 1928

20 UNDERTAKER: [illegible]

ADDRESS

Spec.-7-17-26—A Co.—200 Bks.

E 37643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37643

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Gen. Hospt. REGISTERED NO. 129

City of BALTIMORE: (No.) St., 11-24 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Addison L. Beane.

(a) RESIDENCE NO. Ridgewood, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Rev. Addison Beane

6 DATE OF BIRTH (month, day, and year): Nov 28. 1858

7 AGE: Years 69 yrs. Months 10 Days 23 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister.

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Richard C. Beane.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Agnes Talley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Hospital records. (Address)

15 Filed 1928 19 Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/21 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9/17/28 19 to 9/21/28 19

that I last saw him alive on 9/21/28 19

and that death occurred, on the date stated above, at 11:55 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hypertension.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. M. Dorsey M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial Sept 24 19 28

20 UNDERTAKER: W. S. Marshall ADDRESS 2539 Pall

Spec.—1-10-21—M&T—1500 Blks.

E 37644 HEALTH DEPARTMENT—CITY OF BALTIMORE 37644

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE, (No. Caroline St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Williams

(a) RESIDENCE No. 502 E Clement St. WARD 2K
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Sully Williams

6 DATE OF BIRTH (month, day, and year) Don't know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose McAdams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary Wagner
(Address) 502 E. Clement St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-28

17 I HEREBY CERTIFY, That I attended deceased from 8-15-28, 19 , to 9-20-28, 19 , that I last saw h alive on 9-20-28, 19 , and that death occurred, on the date stated above, at 6 1 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Clinical Course

(Signed) M M Hendrix, M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. A. Co. DATE OF BURIAL Sept 1928

20 UNDERTAKER Margaret J. Flynn ADDRESS 1412 Light St.

HARRISON JONES M. D.

1928 ARH

Rec.—2-29-28—L. F. S.—500 Bks.

Magee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37645

CERTIFICATE OF DEATH

74-001

E 37645

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 630 N. Milton ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Howard Magee

(a) RESIDENCE NO. 630 N. Milton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Magee

DATE OF BIRTH (month, day, and year) February 2, 18[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Station Master

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer Baltimore & Ohio R.R.

BIRTHPLACE (city or town) Pikesville

(State or country) Maryland

10 NAME OF FATHER Patterson Magee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jane Boyd

13 BIRTHPLACE OF MOTHER (city or town) Belfast

(State or country) Ireland

Informant Elizabeth Peter

(Address) [illegible]

C. HAMPSON JONES, M. D.

Filed [illegible], 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928, to Sept 20, 1928, that I last saw h[illegible] alive on Sept 20, 1928 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral hemorrhage)

[illegible]

[illegible] (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J. H. Slaughter, M. D.

[illegible], 19 (Address) 714 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Sept. 21, 19

20 UNDERTAKER J. B. Clark

ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37646

CERTIFICATE OF DEATH.

40 37646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. Gen Hospital ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Amy C. Plank

(a) RESIDENCE No. 1737 Pressman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife of Mr. Joseph Plank

6 DATE OF BIRTH (month, day, and year): August 30, 1889

7 AGE: 39 Years; Months: 0; Days: 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John H. Cutcher

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Hilton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed , 19 Registrar

1928 C. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1928 to Sept. 21, 1928.

that I last saw h e alive on Sept. 21, 1928.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. One Hour mos.

CONTRIBUTORY (Secondary). Chronic Appendix and Tube Ovarian Abscess (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Sept. 20, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) William H. Cohen M. D.

9/22 19 23 (Address) 4 So Bell Station

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Sept. 24 19 28

20 UNDERTAKER: Jos. B. Cook

ADDRESS: 1003 West Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 37647 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. X 113

CITY OF BALTIMORE: (No. 130 St.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harman - Charles F

(a) RESIDENCE NO. Brooklandville Md St. WARD Brooklandville-Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 11 1928

AGE: Years | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: John Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Anna Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

Informant: John Harman

(Address): Brooklandville

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-14 .1928. to 9-22 .1928.

that I last saw h[illegible] alive on 9-22 .1928

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Gastro enteritis

Terminal Bronchio Pneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchio. Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) C. C. Smoot M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gates Bros Cult Co. DATE OF BURIAL: 1928

20 UNDERTAKER: [illegible] ADDRESS: [illegible]

1928 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 37648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37648

CERTIFICATE OF DEATH.

25-7139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Sixth Street ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James F. Harwood

(a) RESIDENCE NO. 3501 Sixth Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. James F. Harwood

6 DATE OF BIRTH (month, day, and year) March 29, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George's Co. Md.

PARENTS

10 NAME OF FATHER Richard Harwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George's Co.

12 MAIDEN NAME OF MOTHER Geraldine Mayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. James F. Harwood

(Address) 3501 Sixth Street

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to Sept 19, 1928, that I last saw h alive on Sept 19, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Frank, M. D.

9-22 1928 (Address) 3501 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Sept 25 1928

20 UNDERTAKER Margaret C. Flynn

ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37649

CERTIFICATE OF DEATH

94 E 37649

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. 16-69 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellen C. Craig.

(a) RESIDENCE NO. 2801 Harlem Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel B Craig

DATE OF BIRTH (month, day, and year)

AGE: Years 60 Months about. Days. If LESS than 1 day, hrs. or min.

~~54~~

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Mr. Mullian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

PARENTS

14 Informant: Hospital Records

(Address) West Balto General

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 1928, to 9-21, 1928, that I last saw her alive on 9-21, 1928 and that death occurred, on the date stated above, at 2:50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

One week.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

19 (Address) West Balto Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 9-24-28.

20 UNDERTAKER: M. Fahey & Sons. — ADDRESS: 1827 W Northern Ave

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37650

CERTIFICATE OF DEATH

E 37650

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2714 Huntingdon Ave. ST., 17 WARD)

2—FULL NAME Elizabeth E Brooks

(a) RESIDENCE NO. 2714 Huntingdon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Brooks

6 DATE OF BIRTH (month, day, and year) Oct 7. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment (in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George W Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Joseph M. Brooks

(Address) 2714 Huntingdon Ave

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from April 13 1928 to Sept 21. 1928

that I last saw h alive on Sept 21. 1928

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Coleen Jones M D

(Address) 1120 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Pompton

DATE OF BURIAL 9 24 19 28

20 UNDERTAKER J W Cook

ADDRESS 222 Charles St

ec.—2-29-28—L. F. S.—500 Bks.

Potter
508 E North

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37651

CERTIFICATE OF DEATH

129

REGISTERED NO. E 37651

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Homestead ST., 1 WARD)

2—FULL NAME Joseph R. Fallon

(a) RESIDENCE NO. 1423 Homestead ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (b) HUSBAND of: Ina Alva Fallon

DATE OF BIRTH (month, day, and year): Feb. 5-1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	44	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Construction

(b) General nature of industry, business, or establishment in which employed (or employer): Foreman

(c) Name of employer: Thos Mullen

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Joseph P. Fallon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Ella E. Keenan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Ina A. Fallon

(Address) 1423 Homestead St

Filed SEP 24 1928 LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22-1928

17 I HEREBY CERTIFY, That I attended deceased from May 18 1928 to Sept 21/28 19

that I last saw h 1m alive on Sept 21/28 19

and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Cardiac Valv. "

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension-Nephritis.

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: Clinical & Laboratory

(Signed) J. F. Mullen, M. D.

9/22/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Sept 25 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

Spec.—1-10-21—M&T—1500 Blks.

E 37652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37652

CERTIFICATE OF DEATH.

REGISTERED NO. 70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 East Fayette St. (Hosp.) (WARD) 12

2-FULL NAME Mrs. Adaie M. Lowery

(a) RESIDENCE No. 1501 Sycamore ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Geo. A. Lowery

6 DATE OF BIRTH (month, day, and year): Nov. 1885

7 AGE: Years 43; Months 6; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John M. Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emily Willey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Record

(Address)

15 Filed 9/21 19 28 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/21/28

17 I HEREBY CERTIFY, That I attended deceased from 9/25/28, 19 , to 9/4 , 19 28

that I last saw h alive on 9/21 , 19 28

and that death occurred, on the date stated above, at 7:45 p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical.

(Signed) J. Bloodbrock M. D.

9/21 1928 (Address) 6 E. Baltimore Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 9/24 28

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North Ave

C. HAMPTON JONES, M. D.

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37653

REGISTERED NO. E 37653

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 St Paul ST., 17 WARD)

2—FULL NAME William E Hutchins

(a) RESIDENCE NO. 1714 St Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 6 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Lizzie Hutchins

(Address) 1714 E Saint St

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/10, 1928, to 9/21, 1928.

that I last saw h alive on 9/20 1928

and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if oot at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dan Drucker, M. D.

9/21 1928 (Address) 1122 E Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PL[illegible] OF BURIAL OR [illegible] DATE OF BURIAL Mt Olivet 9/24 1928

20 UNDERTAKER [illegible] Cook ADDRESS 502 E Lee St

Dec.—2-29-28—L. F. S.—500 Bks.

Dr Morris Green Hoford + Hilltop Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37654

CERTIFICATE OF DEATH

90 E 37654

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Sylvan Ave ST. Hamilton 43rd WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Anna M. Brown

(a) RESIDENCE NO. 2934 Sylvan Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Brown

DATE OF BIRTH (month, day, and year) Jan 29 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher Retired

(b) General nature of industry, business, or establishment in which employed (or employer) School 68

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna

10 NAME OF FATHER Levi Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

Informant Mrs Anna M. Brown

(Address) 2934 Sylvan Ave

Filed Sept 24 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7. 19 27. to Sept 22. 19 28.

that I last saw h[illegible] alive on Sept 21. 19 28

and that death occurred, on the date stated above, at 240 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

several years.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duodenal Ulcer

about 15 months

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

9/23 1928 (Address) Hamilton Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 9/25 19 28

20 UNDERTAKER [illegible]

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37655

E 37655

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 70-72 ST. WARD)

2-FULL NAME Frank Shymansky

(a) RESIDENCE NO. Rock Point Charles Co Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Single ~~Single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1906

7 AGE: Years 22 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer not given

9 BIRTHPLACE (city or town) (State or country) Rock Point Md.

PARENTS

10 NAME OF FATHER Thomas Shymansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Kate Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Brother - John Shymansky (Address) 406 Va Ave SE Wash DC

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23- 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-11, 1927, to 9-23, 1928,

that I last saw him alive on 9-23, 1928

and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows:

Sacroma of bone (Sternum & shoulder)

2 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General metas[illegible] (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? above address

Did an operation precede death? yes Date of 3/29 5/4 5/20

Was there an autopsy? no

What test confirmed diagnosis? Hopkins Laboratory

(Signed) Nicholas Brunelli M. D.

9/13 1928 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL La Plata Md DATE OF BURIAL Sept 24 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1303 N Calvert St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

E 37656

CERTIFICATE OF DEATH

E 37656

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. 1000, Caton Ave. St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Joseph Martin

(a) RESIDENCE NO. 1707 Gough St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 25, 1914

7 AGE: Years 14 Months 3 Days 29 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co. Ellicott City (State or country)

PARENTS

10 NAME OF FATHER Michael J. Martin

11 BIRTHPLACE OF FATHER (City or town) Ellicott City (State or country)

12 MAIDEN NAME OF MOTHER Helen L Mahon

13 BIRTHPLACE OF MOTHER (city or town) Ellicott City (State or country)

14 Informant Jenkins Memorial Hospital (Address) 1000 Caton Ave.

15 Filed SEP 24 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 23 1928

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to Sep. 23, 1928, that I last saw him alive on Sep. 22, 1928, and that death occurred, on the date stated above, at 12:20 P. M.

The CAUSE OF DEATH* was as follows:

Rheumatic fever (acute) Endocarditis Myocarditis (duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical.

What test confirmed diagnosis?

(Signed) Nicholas P. Bouelli D.B., M. D.

. 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: Sept. 25 1928

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

Spec.—6-9-19—H. P. Co.—1000 Eks.

E 37657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 37657

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 5010 Harford Rd. ST. 27-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalene Pohmer

(a) RESIDENCE. NO. 5010 Harford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Otto Pohmer

6 DATE OF BIRTH (month, day, and year): March 21 1876

7 AGE — Years: 52 — Months: 6 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ...

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Otto Fricke

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Louise Gleuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: Mrs M. Pohmer

(Address): 5010 Harford Road

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/23 1928

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to 9/23, 1928, that I last saw h[er] alive on 9/23, 1928, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(Primary Cause not determined)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of July 25?

Was there an autopsy? No

What test confirmed diagnosis? Operation etc

(Signed) Kyle W. Talley, M.D.

, 19 (Address) 5010 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood cem	Sept 26 1928
20 UNDERTAKER	ADDRESS
Roberts Brooks & Son	Baltimore Md

Spec.—1-10-21—M&T—1500 Rks.

E 37658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 74-001 E 37658

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 18 N Stricker ST. 14-27 WARD)

2-FULL NAME Mary a La Fleur

(a) RESIDENCE NO. 18 N Stricker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen C. La Fleur

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 77; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Carrie M. Forman

(Address): 18 N Stricker St.

15 Filed SEP 24 1928. 19 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-22 19 28.

17 I HEREBY CERTIFY, That I attended deceased from Sept-2 19 28, to Sept-22 19 28, that I last saw h[illegible] alive on Sept-21 19 28, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

CONTRIBUTORY (Secondary) [illegible] (duration) yrs mos 20 ds.

[illegible] (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physician only

(Signed) James F. [illegible] M. D.

9/25 28 (Address) 1774 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Sept 25 1928

20 UNDERTAKER: Robert Brookerson — ADDRESS: Calhoun Hollins

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37659

CERTIFICATE OF DEATH.

46 E 37659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 1-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Mills

(a) RESIDENCE NO. 573 W. Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married SINGLE

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
28				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Matthew Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records (Address)

Filed SEP 24 1928, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20, 19 28.

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1928, to 9-20, 19 28.

that I last saw her alive on 9-20, 19 28

and that death occurred, on the date stated above, at 10:35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Carcinomatosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) John E Moran, M. D.

19 , 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: 9/24/28

20 UNDERTAKER: Lehr & Edwards ADDRESS: 1400 Eutaw

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37660

CERTIFICATE OF DEATH.

31 E 37660

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 N. Bond ST. 8-13 WARD)

2-FULL NAME Margaret E. Beall

(a) RESIDENCE NO. 1237 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE Years About 65 Months Days If LESS than 1 day, hrs or min

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Dress Making

(c) Name of employer Retired

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER Richard Beall

12 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

13 MAIDEN NAME OF MOTHER Jane R.

14 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

15 Interment (Address) Mt. Olivet

Filed SEP 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1926 to Sept. 1928, that I last saw her alive on Sept. 21. 1928, and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual cases

(Signed) Mary F. Vaughan M. D.

9-22-1928 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Sept 25 1928

UNDERTAKER Leland & Co 1240 W. Saratoga St

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37661

CERTIFICATE OF DEATH

161-001 V

E 37661

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Holmes

(a) RESIDENCE NO. 65 Bouelle Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 9/22/28

AGE: Years — Months — Days 13 hrs. If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Wm. Chas. Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Evelyn Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address)

Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/28.

17

I HEREBY CERTIFY, That I attended deceased from 10 a.m. 9.22, 1928, to 12 m. 9.22, 1928, that I last saw him alive on 9-22, 1928 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Carl Guttman M. D.

19 (Address) Johns Hopkins Hosp. Obs. Dept.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 24 1928

20 UNDERTAKER: Frederick Sussdorf Sons — ADDRESS: Fullerton

Spec.-7-17-26—A Co.—200 Bks.

E 37662

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

CERTIFICATE OF DEATH

REGISTERED NO. E 37662

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Gen. Hosp. St. 2748 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blake.

(a) RESIDENCE NO. 601 Oakland ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19th 1914

7 AGE 14 Years 2 Months 4 Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Louis F. Blake

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Myers.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant (Address) Hospital records.

15 Filed SEP 24 1928 HAMPSON JONES, M. D. By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Sept. 23, 1928, that I last saw her alive on Sept. 23, 1928, and that death occurred, on the date stated above, at 3:50 P.m.

The CAUSE OF DEATH* was as follows:

Suspected Typhoid Fever

Endocarditis, suspected.

Dyspnea.

(duration) ? 2 wks? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Hampson Jones M.D.

(Address)

9/24/28 Chas. Thurston

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: Sept 26 1928

20 UNDERTAKER: Frederick Lasca Thurston — ADDRESS: Fullerton

ec.—I-12-23—M&T—500 Bks.

E 37663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37663

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 Colerin ST., 5-8 WARD)

2-FULL NAME Rachel Robinson

(a) RESIDENCE NO. 213 Colerin ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX f

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 3 1883

AGE Years 45 Months 9 Days 17

If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Geo Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lizzie Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Robt Williams

(Address) 1215 McCulloh St

Filed SEP 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Sept 21, 19 28

that I last saw h[illegible] alive on Sept 21, 19 28

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 608 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL Sept 24 1928

20 UNDERTAKER Robt T. Williams

ADDRESS 1515 McCulloh St

Spec.—1-12-23—M&T—500 Blks.

E 37664 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 70 E 37664

1-PLACE OF DEATH West Baltimore General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 625 Calverton Rd. St.) (16-24 WARD)

2-FULL NAME Mrs. Lillian Hutton Zeller. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 625 Calverton Rd. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 7, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
30		3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. City

10 NAME OF FATHER William A. Hutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Lilly K. Eckardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant Mrs Hutton
(Address) 1617 Patapsco

Filed 24 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-1928

17 I HEREBY CERTIFY, That I attended deceased from 9-12, 1928, to 9-22 1928, that I last saw her alive on 9-22, 1928 and that death occurred, on the date stated above, at 2:20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess
Cause undetermined.

10 days. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Julia J. Swiger, M. D.

19 (Address) 1 E Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem — DATE OF BURIAL 9/24 1928

20 UNDERTAKER J. Fem McCully — ADDRESS 130 E Fort

Cor.—12-9-25—A Co.—200 Bks.

E 37665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37665

CERTIFICATE OF DEATH.

66

24-34

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at the South Baltimore General Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Taylor.

(a) RESIDENCE NO. 1814 Byrd St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Mary Taylor.

6 DATE OF BIRTH (month, day, and year) January 15, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe dresser.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Mary Taylor. (wife)

(Address) 1814 Byrd St.

15 Filed SEP 21 1928 19 11 A.M. By James M. Hamilton Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

9/24 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

In the rear of 79 E. Lee St. Sep. 21, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leader Hill Date of Burial Sept 24th 1928.

20 UNDERTAKER E. Schlosman ADDRESS 1037 Fawn St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37666

CERTIFICATE OF DEATH.

90 E 37666

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 108 N Bradford (Ward) 10

2-FULL NAME Louise C Lorkes

(a) RESIDENCE NO. 108 N Bradford St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emmett R. Charles

6 DATE OF BIRTH (month, day, and year): June 17, 1879

7 AGE — Years: 49 — Months: 3 — Days: 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Frederick Schwab

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Caroline Krider

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mrs Mabel Simmons

(Address): 1416 N. Milton Ave

15 Filed SEP 24 1928, 19 HAMPSON JONES M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 2 mos. dy.

CONTRIBUTORY (secondary) Broken Compound

(duration) yrs. mos. ds.

Sept 2 1928 Glen Burnie Md.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. — Date of Burial: Sept 4 1928

20 UNDERTAKER: Margaret L Flynn — ADDRESS: 1111 Myrtle Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37667

CERTIFICATE OF DEATH.

E 37667

91-002

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1124 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Cooper

(a) RESIDENCE No. 1024 Park ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

6 If married, widowed, or divorced HUSBAND of or) WIFE of not given Dennis Cooper

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Henry Frisby

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant (Address)

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-31, 1928 to 9-20, 1928

that I last saw h[illegible] alive on 9-20, 1928

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, general and Cerebral with Cerebral Degeneration

(duration) yrs. ✓ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [signature] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL 9/24/28

20 UNDERTAKER Samuel H Hemsley ADDRESS 518 N Eutaw

BALTIMORE CITY HOSPITALS C. HAMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37668

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

38 E 37668

REGISTERED NO.

City of BALTIMORE: (No. 1418 Parish St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie McGee

(a) RESIDENCE NO. 1418 Parish St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: married / married Single

6 DATE OF BIRTH (month, day, and year): July 1-1928

7 AGE — Years: 2 Months: 2 Days: 21 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Shade McGee

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Hattie Bell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Shade N. C.

14 Informant: Shade McGee

(Address): 1418 Parrish St.

15 Filed ..... 19 ..... Registrar

836 E 25 SEC HARRISON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Sept 22, 1928, that I last saw her alive on Sept 21, 1928, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis

Congenital (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? (History & Clinical Sign

(Signed) Ernest C. Milton, M. D.

, 19 (Address) 2029 Pa. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Centrum Cem Date of Burial Sept 24, 28

UNDERTAKER: Samuel Hemsley ADDRESS 1708 Bdle

Spec.-6-9-19—H. P. Co.—1000 Blks.

E 37669 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37669

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1140 Sargent Street ST. 21-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Folks

(a) RESIDENCE. No. 1140 Sagent Street ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Folks

6 DATE OF BIRTH (month, day, and year) Mch. 12, 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Car Dept., B&O R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Folks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Folks, (Address) 1140 Sargent St.

15 Filed C. HAMPSON JONES, M. D. Registrar 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23, 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928 to Sept. 23, 28.. 19 , that I last saw him alive on Sept. 20, 28. 19 , and that death occurred, on the date stated above, at 6.10p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilat.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. A. Lawder, M. D.

9/23, 28 Address 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Sept 26th 1928

20 UNDERTAKER John J. Cowan & Sons ADDRESS

...—2-29-28—L. F. S.—500 Bks.

E 37670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 37670

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 638 S. 15th St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James B. Andrews

(a) RESIDENCE (NO.) 638 S. 15th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 10/1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER John J. Andrews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Mrs Elizabeth Bay

(Address) 638 S. 15th St

Filed ..., 19 ...

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 21, 1928, that I last saw him alive on Sept. 19, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Broken Compensation (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Geo Clinton Bloodsd, M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Sept 24/28

20 UNDERTAKER: Philip Sterry

ADDRESS 2016 Adams St

c.—1-12-23—M&T—500 Blks.

E 37671 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12/E 37671

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Broadway ST. 7-4 WARD)

2-FULL NAME AMELIA VORLANDER

(a) RESIDENCE No. 810 S. Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Vorlander

DATE OF BIRTH (month, day, and year) February 15,1902

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	26	7	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER August Geier

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline S. Kutting

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mr. Herman Vorlander (Husband)
(Address) 810 S. Broadway

Filed [illegible] 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to Sept 22, 1928, that I last saw h[illegible] alive on Sept 20, 1928 and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(duration) yrs. 30 mos minutes ds.

CONTRIBUTORY (Secondary) Chr nephritis, hypertension Cardiac hypertrophy & dilatation (duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? B.P. 256/170, Ann Arbor

(Signed) John Tilden Howard, M. D.

Sept 25 19 28 (Address) 12 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Sept. 25, 19 28

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS BALTIMORE ST. & BROADWAY.

Cor.—12-9-25—A Co.—200 Bks.

Roraake

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Secours Hospital St. Paul Ward)

2-FULL NAME Fred M Raake

(a) RESIDENCE NO. 230 N. Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO. 188-E 37672

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6 DATE OF BIRTH (month, day and year) Sept 21 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Wife

(Address)

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq.

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Accident

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas. O'Rourke M. D.

(Coroner)

, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial 9/25 1928

20 UNDERTAKER Jos A Farley ADDRESS Fulton & Fayette

spec.—1-12-23—M&T—500 Bks.

37673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 37673

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 Lemon ST. 14-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jones

(a) RESIDENCE No. 1309 Lemon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 21, 1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 1309 Lemon St.

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William O. Jones

11 BIRTHPLACE OF FATHER (city or town) Warrington

(State or country) Florida

12 MAIDEN NAME OF MOTHER Carrie Mc.Millen

13 BIRTHPLACE OF MOTHER (city or town) Montgomery

(State or country) Alabama

14 Informant William O. Jones

(Address) 1309 Lemon St.

15 Filed ..... 19 ..... Registrar

G. HAMPSON JONES, M. D.

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Sept. 21, 1928, that I last saw him alive on Sept. 21, 1928, and that death occurred, on the date stated above, at 11:35 a.m.

The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter D. Jones, M. D

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Sept 24 1928

20 UNDERTAKER A. Jones ADDRESS W. S. Gilmor

Cor.—12-9-25—A Co.—200 Bks.

E 37674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

16 E 37674

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Brown

(a) RESIDENCE NO. 704 Glenwood Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1928

7 AGE Years Months Days IF LESS than 1 day 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry M. Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Frances D. Lunsford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Harry M. Brown

(Address) 704 Glenwood Ave.

15 Filed 19 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2nd. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Her Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(Six Months Gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Cole M. D.

(Coroner)

9/24 28 (Address) 508 E., North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 9/27 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E Mt St

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37675

CERTIFICATE OF DEATH

44

E 37675

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 702 S. Curley ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth F. (Lillie) Seegar.

(a) RESIDENCE NO. 702 S. Curley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Walter Seegar

ATE OF BIRTH (month, day, and year): March 27-1880

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	5	25	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Jno. F. McClean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Sarah F. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant: J. Walter Seegar

(Address) 702 S. Curley St

Filed ....., 19 .....

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 21-1928

17 I HEREBY CERTIFY That I attended deceased from June 1, 1928, to Sept 21, 1928

that I last saw her alive on Sept 21, 1928

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach or Head of Pancreas.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. Jay Faulkner M. D.

, 19 (Address) 8005. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: Sept 25 1928

20 UNDERTAKER: George W. Zinkler

ADDRESS: 1737 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37676

E 37676

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital WARD)

REGISTERED NO. 13-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Elsasser

(a) RESIDENCE NO. Esplanade Apts S. C. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Elsasser

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1855

7 AGE: Years 72 Months 10 Days 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Millinery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leo Elsasser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Nelson Elsasser

(Address) Johnstown, Pa.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1928, to Sept. 22, 1928, that I last saw him alive on Sept. 22, 1928, and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

~~Cardiac failure~~.

Benign Hypertrophy of Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure - Uremia

(duration) ? yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Arthur Lynde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohev Shalom Cem. DATE OF BURIAL: 9/25/28

20 UNDERTAKER: Baird, Sondheim ADDRESS 115-21 W. Mt. Royal Ave

Spec.—1-12 23—M&T—500 Blks.

E 37677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 37677

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-9 ST., WARD)

2-FULL NAME William Smith Hines

(a) RESIDENCE No. 1706 Mullikin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col.	not given

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Friends

(Address) BALTIMORE CITY HOSPITALS

Filed SEP 24 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-14 1926 to 9-18 1928

that I last saw him alive on 9-18 1928

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocarditis, Chr (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Senility

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) A. M. Slack M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 9-20 1928

20 UNDERTAKER Jas. W. Skinner

ADDRESS 1622 E. Madison

Cor.—12-9-25—A Co.—500 Bks.

E 37678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 37678

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1522 N. Washingto St St.) 6-17 Ward)

2-FULL NAME Margaret Anna Moore

(a) RESIDENCE NO. 1522 N. Washington St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 2 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late George Moore

6 DATE OF BIRTH (month, day, and year) July 14/1854

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth W.---

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant George Moore

(Address) 1522 N. Washington St

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Paralysis Agitans

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Mc[illegible] M. D.

(Coroner)

9/24/28 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery Date of Burial Sept 25 19 28

20 UNDERTAKER O'Leary Bros ADDRESS 203 N. Broadway

Filed [illegible] 19 28 HAMILTON JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 37679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37679

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 30 Ward) 66

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Meikus

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 48 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

14 Filed 19 2613

1928 RAH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Edgar Feller M. D.

(Coroner)

9/20 1928 (Address) 2729 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

20 UNDERTAKER ADDRESS

HAMPSON JONES M. D. UNIVERSITY OF MARYLAND

rec.—1-12-23—M&T—500 Blks.

E 37680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37680

CERTIFICATE OF DEATH.

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 13-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Bogush

(a) RESIDENCE No. 114 Albemarle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'K O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Poland~~ Russia

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) BALTIMORE CITY HOSPITALS

Filed , 19 2812 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-10, 1928, to 9-17, 1928, that I last saw him alive on 9-17, 1928, and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows: Rheumatic Heart Disease with mitral Stenosis and Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Means

(Signed) H. R. Yuck, M. D.

, 19 (Address) BALTIMORE CITY HOS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL , 19

20 UNDERTAKER Commissioner Health.

ADDRESS

Per. [illegible] & KEGRAL

D.H.—1-12-23—M&T—500 Blks.

E 37681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37681

CERTIFICATE OF DEATH.

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 90-30

CITY OF BALTIMORE. (NO. [redacted] ST. 72-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Ennells

(a) RESIDENCE NO. 509 West Barre ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

AGE 46 Years | Months | Days | If LESS than 1 day, hrs or ... min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 1928 Registrar

C. HAMPSON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-24, 1928, to 9-18, 1928, that I last saw him alive on 9-18, 1928, and that death occurred, on the date stated above, at 8⁰⁰ A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis acute

Myocardial degeneration

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chr. myocarditis, Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) H. St. Slack, M. D.

19 (A) BALTIMORE CITY HOSPITALS

*State the Disease Ca[redacted] Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

Spec.—I-10-21—M&T—1500 Blks.

37682 HEALTH DEPARTMENT—CITY OF BALTIMORE 37682

CERTIFICATE OF DEATH.

REGISTERED NO. 1628

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. 203 N Linwood Ave St.) (6-11 WARD)

2-FULL NAME Baby Little

(a) RESIDENCE NO. 203 N Linwood Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1928

7 AGE — Years — Months — Days — If LESS than 1 day, ½ hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Dayhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Naomi Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) 0810 JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928 to Sept 21, 1928 that I last saw h[illegible] alive on Sept 21, 1928 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Premature baby (6 months foetus)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Leon Tuerk M.D.

Sept. 19 28 (Address) 814 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL Sept 21 1928

20 UNDERTAKER

ADDRESS

SEP 21 1928

Spec.—12-9-25—A Co.—200 Bks.

E 37683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 37683

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 327 E. North Ave. St. 12-19 Ward)

2-FULL NAME Baby McLean

(a) RESIDENCE NO. 327 E. North Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21 / 28

7 AGE — Years | Months | Days: 2 days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Scott R. McLean

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Vonalta Camp

13 BIRTHPLACE OF MOTHER (city or town) Owosso

(State or country) Mich.

14 Informant H. Artigiani

(Address) 2942 E. Fayette

15 Filed 19 2814

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 19 28, to Sept. 23, 19 28, that I last saw h— alive on Sept. 23, 19 28, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Artigiani, M. D.

, 19 (Address) 2942 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial SEP 24 1928 19

20 UNDERTAKER E. Emerson Jones ADDRESS

1928

Commissioner Health.

For Wm. S. Goodall

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37684

CERTIFICATE OF DEATH.

E 37684

1-PLACE OF DEATH

City of BALTIMORE: (No.) 719 Thos Edgate Cres St (Ward) 36 9 05

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jonkaites

(a) RESIDENCE NO. 719 Thos Edgate Cres St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not known 1872

7 AGE: Years 56 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs Sadie Kadtka

(Address) 3526 Elliot st

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH: (month, day, and year) Sept 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 1 ds.

Sept 24 28 (Signed) J C Bates M. D.

(Coroner)

19 (Address) 43 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary Date of Burial Sept 26 28

20 UNDERTAKER: J D Barton ADDRESS: Glenburnie

Rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 37685

CERTIFICATE OF DEATH.

38 E 37685

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Jones

(a) RESIDENCE NO. 1 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 20 28

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
				2

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) University Hospital

10 NAME OF FATHER Alexander Jones

11 BIRTHPLACE OF FATHER (city or town) Elis City (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Annie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Portsmouth (State or country) Virginia

Informant

(Address)

Filed ..... 19 ..... Registrar

C. HAMPSON JONES 2816 M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Sept 20, 1928, that I last saw him alive on Sept 20, 1928, and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Child extremely toxic due to Eclampsia in mother

Maternal Syphilis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Theodore Toulak, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL SEP 24 1928

Spec.—1-10-21—M&T—1500 Bks.

(Weedon)

E 37686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37686

CERTIFICATE OF DEATH.

1295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Mosher St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel F. Weedon

(a) RESIDENCE NO. 1236 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Sept 1853~~ Mrs. Agnes Weedon

6 DATE OF BIRTH (month, day, and year): Sept 4. 1853

7 AGE: 75 Years | Months — | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Lawyer Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Co. Md.

PARENTS

10 NAME OF FATHER: John Henry Weedon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co. Md.

12 MAIDEN NAME OF MOTHER: Mary A. Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co. Md.

14 Informant: J. M. Townsend

(Address): 1224 Mosher St.

15 Filed: Sept 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1928, to Sept. 23 1928, that I last saw him alive on Sept. 20 1928, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio-Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? The Physical Signs

(Signed) Charles Lee, M. D.

(Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept 26 1928

20 UNDERTAKER: George J. Smith — ADDRESS: 153 Holliday

C. H. THOMPSON JONES, M. D.

Per

c.—2-29-28—L. F. S.—500 Bks.

E 37687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 37687

1—PLACE OF DEATH

REGISTERED NO. 37-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3016 Du Pont Ave ST. (WARD)

2—FULL NAME Mary F. Owens

(a) RESIDENCE NO. 3016 Du Pont Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 5 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER James F. James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Laurence W. Perkins

(Address) 3016 Du Pont Ave

Filed ..., 19 28 H. MADISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23d 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1927, to Sept 23d, 1928, that I last saw her alive on Sept 23d, 1928, and that death occurred, on the date stated above, at 2.35 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) H. H. Shadard, M. D.

Sept 23d, 1928 (Address) 300 E. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Quaker Cemetery Kent Island Md	Sept 25 1928
20 UNDERTAKER George L. Smith	ADDRESS 1532 Hollins

ec.—1-12 23—M&T—500 Bks.

37688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 37688

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 ST. 14-28 WARD

2-FULL NAME Mary E Nosh

(a) RESIDENCE No. 414 S. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Nash

DATE OF BIRTH (month, day, and year) May 6 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Andrew Meeter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) BALTIMORE CITY HOSPITALS

Filed 1928 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 - 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-24, 1928, to 9-14, 1928, that I last saw her alive on 9-13, 1928, and that death occurred, on the date stated above, at 12:15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, right

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Sept 16 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 37689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37689

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Rideout.

(a) RESIDENCE No. 24 Lenwood Ave. Catonsville ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE — Years: 39 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co Md.

PARENTS

10 NAME OF FATHER: Edward Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Clarence Redman 822 W Fount St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By NRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/22 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/21, 1928, to 9/22, 1928, that I last saw her alive on 9/22, 1928, and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Irving I. Fittman, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 9-20-28

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Cathedral

ec.—2-29-28—L. F. S.—500 Bks.

E 37690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-081

E 37690

1—PLACE OF DEATH

REGISTERED NO. 16-236

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 807 Parrish ST. (WARD)

2—FULL NAME John Mason

(a) RESIDENCE NO. 807 Parrish ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Mason

ATE OF BIRTH (month, day, and year): 1872

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

IRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Henry Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Wales Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Jennie Mason

(Address): 807 Parrish St

Filed ....., 19 ..... Registrar

1928 C. P. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23/28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928 to Sept. 23, 1928

that I last saw h[illegible] alive on Sept. 23, 1928

and that death occurred, on the date stated above, at 4A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. N. Bright M. D.

9/23 1928 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cranecock Va

DATE OF BURIAL: 9/25 1928

20 UNDERTAKER: Daniel Easton

ADDRESS 516 W Oa

...c.—2-29-28—L. F. S.—500 Bks.

E 37691 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 E 37691

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 715 S. Monroe ST. (WARD) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Hoffacker

(a) RESIDENCE NO. 715 S. Monroe ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

lf married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, and year) Aug. 18, 1837

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	1	6	

OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work None

(b) General nature nf Industry, business, or establishment in which employed (or emplnyer)

(c) Name of emplnyer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Jacob Coal Zeiders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Bertie Warthen

(Address)

Filed ..... 19 C. HAMPSON JONES, M. D.

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 27, 1928.

that I last saw h CK alive on Sept 22, 1928

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operatinn precede death? Date nf

Was there an autnpsy?

What test cnnfirmed diagnnsis?

(Signed) C. William Frey, M. D.

9/24, 1928 (Address) 1928 Penna Ave

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Hamicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Church, Balto Co

DATE OF BURIAL 9/26 19 28

20 UNDERTAKER J. H. Cook

ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37692

CERTIFICATE OF DEATH.

90 E 37692

1-PLACE OF DEATH

City of BALTIMORE: (No. 3433 Lennox St. 16-1 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B Wells

(a) RESIDENCE NO. 3433 Lennox St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 1 female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Wells

6 DATE OF BIRTH (month, day, and year): June 1891

7 AGE: Years 37 Months 3 Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Joseph Bostick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Victoria Jordan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant: Albert Wells

(Address) 3433 Lennox Ave

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Coroner or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)

Boston Compensation

(Duration) ... yrs. 1 mos. ... ds.

Sept 24 1925 G. B. Slade M. D.

(Signed) (Coroner)

, 19 (Address) 1437 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — Date of Burial: 9/25 19 25

20 UNDERTAKER: Wm Cook — ADDRESS: 532 E North Ave

Spec.–7-17-26—A Co.—200 Bks. Michael N. Schmidtt Dr. / Schmitt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37693 ME 3769 2226 Penna Ave

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2226 Pennsylvania Ave. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael N. Schmidt

(a) RESIDENCE NO. 2226 Penna. Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7 2nd 1865

7 AGE: Years 63 Months 0 Days 22 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Wagon Work

(c) Name of employer Mr Thomas

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ger

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Mr. Katy Campbell

(Address) 2226 Penna. Ave

15 Filed 1928 19 RRS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24, 28 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th 1928, to Sept 22, 1928,

that I last saw h. alive on Sept. 23, 1928,

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
Mitral Valve Disease
Complications

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary) Myocardial Degeneration

28 yrs. (duration) 2 mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Course

(Signed) E. Schmidt M. D.

9/24, 1928 (Address) 1626 N. Mont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Sept 26 1928

20 UNDERTAKER: Wm Cork ADDRESS: 502 E North Ave

Rec.—2-29-28—L. F. S.—500 Bks.

Benson

E 37694

HEALTH DEPARTMENT—CITY OF BALTIMORE

5276

129 ~ E 37694

CERTIFICATE OF DEATH

REGISTERED NO. 47-56

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5113 Park Heights Ave ST. WARD)

2—FULL NAME Sinclair L. Benson

(a) RESIDENCE NO. 5113 Park Heights Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L Sinclair

DATE OF BIRTH (month, day, and year) Dec 26, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Ret

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Joseph L Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa Co Md

12 MAIDEN NAME OF MOTHER Sallie Smithsom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Co Md

Informant Robert L Benson

(Address) 5113 Park Heights Ave

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 22, 1928, that I last saw him alive on Sept 22, 1928 and that death occurred, on the date stated above, at 6:10 m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Edgar J Wells, M. D.

19 (Address) 6-14 West Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ridge	Sept 25, 1928
20 UNDERTAKER	ADDRESS
H. M. Cook	22 E Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37695

CERTIFICATE OF DEATH.

90 E 37695

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 132 N. Exeter St. St. 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elia Herr.

(a) RESIDENCE NO. 132 N. Exeter St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

6a If married, widowed or divorced (or) WIFE of John A. Herr.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	52	---	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Noonan.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant John A. Herr (husband)

(Address) 132 N. Exeter St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) September 22, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Lenhard M. D.
(Coroner)

9/24 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Sept 25 1928

20 UNDERTAKER J. W. Cook ADDRESS 502 E Monument ave

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37696 — 129 E 37696

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3370 Hickory Ave ST., 13 WARD)

2—FULL NAME Elizabeth A. Breedon

(a) RESIDENCE NO. 3370 Hickory Ave ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Breedon

DATE OF BIRTH (month, day, and year) Aug 26 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	—	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Andrew J. Comer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mrs. James E. Williams

(Address) 3370 Hickory Ave

Filed ..., 19... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24-1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928. to Sept 24, 1928.

that I last saw h alive on Sept 23, 1928

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jean Downes M. D.

9/24, 19 28 (Address) 841 W Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gillays Hampden — DATE OF BURIAL Sept. 26 1928.

20 UNDERTAKER Isaac A. Burgee — ADDRESS 323 Falls Road

Spec.–7-17-26—A Co.—200 Bks.

STACKSDALE

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37697

CERTIFICATE OF DEATH

E 37697

REGISTERED NO. 117

1-PLACE OF DEATH

City of BALTIMORE (No. Maryland Gen'l Hosp. St.) (Ward 13-57)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Stacksdale

(a) RESIDENCE NO. 300 Morley Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie C. Stacksdale

6 DATE OF BIRTH (month, day, and year): July 1st - 1876

7 AGE: Years 52 Months 2 Days 21

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Machine Works

(c) Name of employer: Jos Decorating Co.

9 BIRTHPLACE (city or town)

(State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Silas Stacksdale

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Balto Co. Md.

12 MAIDEN NAME OF MOTHER: Sarah Jane Heiser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Co. Md.

14 Informant: Hospital Record

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9-22-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept 22, 1928, that I last saw h. alive on Sept 22, 1928, and that death occurred, on the date stated above, at 4:00 p. m.

The CAUSE OF DEATH was as follows: Appendicial Abscess

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Pyelitis Ulcus, Fecal Fistula, Hemorrhages, Pulmonary Edema, Cardiac Failure

(duration) yrs. mos. 25 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 8-27-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) [illegible]

9/ 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. Reisterstown

Date of Burial: Sept. 25 1928

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 3631 Walls Road

PPS—1-12-28—M&T—500 Blks.

Tonkey
300 E Ellwood Ave

E 37698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 37698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Ellwood Ave ST.) 6-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude F. Caulk

(a) RESIDENCE NO. 312 N. Ellwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel C. Caulk

DATE OF BIRTH (month, day, and year) May 13, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	4	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER James F. Matheney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

4 Informant Daniel Caulk (Husband)

(Address) 312 N. Ellwood Ave

5 Filed , 19

1928 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928 to Sept 23, 1928

that I last saw her alive on Sept 22, 1928

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Microscopic & Section

(Signed) J. Dwight Tankersley, M. D.

, 19 (Address) 300 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Cem. Talbot County, Md.

DATE OF BURIAL Sept 26 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37699 — E 37699

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST. 1570 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Adelina Pesano.~~ Adelina Pisano corrected by me 1-28-33 Henry C Smith M.D.

(a) RESIDENCE NO. 3216 Fairmont Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatori Pesano.

DATE OF BIRTH (month, day, and year) Unknown 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	27			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy.

10 NAME OF FATHER Frank Carparto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Gengola.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Salvatori Pesano

(Address) 3216 Fairmont Ave.

Filed [illegible] 1928 [illegible] JONES M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1928 to Sept. 23 1928.

that I last saw her alive on Sept. 23 1928

and that death occurred, on the date stated above, at 1:10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry C Smith M. D.

(Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 9/25/28

20 UNDERTAKER George J Roth ADDRESS 1730 Hoffman

Cor.—12-9-25—A Co.—200 Bks.

E 37700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

E 37700

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 845 E Fountain St. 1-1 Ward)

2-FULL NAME John H Smith

(a) RESIDENCE NO. 270 S East St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7-1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Grafton

(State or country) W. Va

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Hass

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mrs Carrie Kautzer

(Address) 1092 N Port St

15 Filed DEC 23 1925, 19 _____ C. HERBERT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1925

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) _____ yrs. _____ mos. — ds.

CONTRIBUTORY (Secondary) Exposure

(duration) _____ yrs. _____ mos. _____ ds.

Dept 23 1925 (Signed) H. C. Adler M. D.

(Coroner)

, 19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cem — Date of Burial Sept 25 1925

20 UNDERTAKER John Ullrich — ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 37701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 57

E 37701

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kagle

(a) RESIDENCE NO. 411 E. St. ST., WARD Sparrows Point, Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E Kagle

6 DATE OF BIRTH (month, day, and year) Sept 4, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.H. Home

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER George Dinnes

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Lovina Pugh

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant George E Kagle

(Address) Sparrows Point Md

15 Filed SEP 25 1928 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/1928

17 I HEREBY CERTIFY, That I attended deceased from 9/12 1928, to 9/24 1928, that I last saw her alive on 9/24 1928, and that death occurred, on the date stated above, at 2.55 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. 20 min ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Fehling's

(Signed) Edward F. Buechner M. D.

1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westhill Church, Canton Md

DATE OF BURIAL 9/27 1928

20 UNDERTAKER L. M. Cox

ADDRESS 507 E Monument

ec.—2-29-28—L. F. S.—500 Bks.

In Pokorny 220 E Madison St

E 37702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 37702

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1008 N Washington ST., 7 | 13 WARD)

2—FULL NAME Annie E Litchfield

(a) RESIDENCE NO. 1008 N Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Litchfield

DATE OF BIRTH (month, day, and year) 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Mrs E Tasis

(Address) 319 E Centre St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24, 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan , 1928, to Sept 24, 1928,
that I last saw her alive on Sept 21, 1928
and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease
Myocardial Degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decomp.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 26 19 28
20 UNDERTAKER	ADDRESS
W M Cook	57 E Mt Pleasant Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37703

CERTIFICATE OF DEATH.

90

E 37703
REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 430 E. North Ave St. 12 Ward)

2-FULL NAME Susie E. Ferguson

(a) RESIDENCE NO. 403 E North Ave St. 12 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ralph S Ferguson

6 DATE OF BIRTH (month, day, and year): June 24, 1859

7 AGE: Years 69 Months 3 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER: Wm McAfee
11 BIRTHPLACE OF FATHER (city or town): Pa
(State or country)
12 MAIDEN NAME OF MOTHER: Rebecca Boone
13 BIRTHPLACE OF MOTHER (city or town): Pa
(State or country)

14 Informant: R. Ferguson son
(Address) 403 E North Ave

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac disease
Of Heart
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)
9/24, 1925 (Address) 2632 Rhode

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Date of Burial Sept 26 1925

20 UNDERTAKER: W. H. Cook ADDRESS 207 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37704

E 37704

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square) ST. 17-18 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Coulter Young Jr.

(a) RESIDENCE No. 332 Rossiter Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 19 '28

7 AGE: Years | Months | Days: 6 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James Coulter Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Pennsylvania

12 MAIDEN NAME OF MOTHER: Myrtle Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Myrtle Young 332 Rossiter Ave

15 Filed , 19 Sept 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1928, to Sept 24, 1928

that I last saw h[illegible] alive on Sept. 24, 1928

and that death occurred, on the date stated above, at 2 20 P m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw Brenner M. D.

(Address) 37 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Cemetery

DATE OF BURIAL: 9/26/28

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37705

CERTIFICATE OF DEATH.

89 E 37705

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1611 Linden St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo J. Kroeger.

(a) RESIDENCE NO. 1611 Linden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Kroeger

6 DATE OF BIRTH (Month, day and year) Nov 25 - 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Frederick Kroeger

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant (Address) Mary A. Kroeger 1611 Linden Ave

15 Filed SEP 25 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Sept. 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Smith M. D.

Sept 24 1928 (Address) 1611 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Sept 27 1928

20 UNDERTAKER Chas. C. Mulcahy & Sons ADDRESS 1501 Eutaw Place

pec.—1-12-23—M&T—500 Blks.

37706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS 129 E 37706

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 16-22 ST. WARD)

2-FULL NAME Sarah Tomlin

(a) RESIDENCE No. 1515 W Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: not given Lewis Tomlin

6b DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 47; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): House work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Ment Pinnix

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C.

12 MAIDEN NAME OF MOTHER: Eliza Amos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C.

14 Informant (Address): BALTIMORE CITY HOSPITALS [redacted]

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-26, 1928, to 9-22, 1928, that I last saw h[illegible] alive on 9-22, 1928, and that death occurred, on the date stated above, at 5:47 m.

The CAUSE OF DEATH* was as follows:

Vincents Angina of mouth

(duration) yrs 4 mos ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

(duration) yrs 5 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Slack, M. D.

, 19 (BALTIMORE CITY HOSPITALS)

*State the Disease C[illegible] or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery

DATE OF BURIAL: Oct 25 1928

20 UNDERTAKER: John C. Mitchell Sons

ADDRESS: 1900 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

E 37707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 37707

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 12-51 (WARD)

2-FULL NAME William Cosby

(a) RESIDENCE NO. 2206 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Hayden Cosby

6 DATE OF BIRTH (month, day, and year): March 4, 1850

7 AGE: Years 78 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~None~~

(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Lewis F. Cosby.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Jane E. Bick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mrs. R. D. Boogle 2221 Forest Park ave

15 Filed 25 1928 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-24 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9-15 .19 28. to 9-24 .19 28.

that I last saw h~~im~~ alive on 9-24 .19 28

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Epithelioma of bladder. 1 yr.

Acute Uremia - 48 hrs.

(duration) ~~F~~ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. Reinhardt M Ericson M. D.

, 19 (Address) St. Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy DATE OF BURIAL: Sept. 26 19 28

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1900 Eutaw Place

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37708

CERTIFICATE OF DEATH

E 37708

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 5004 Norwood ave ST. 28-14 WARD

2—FULL NAME Ida Carson Downs

(a) RESIDENCE NO. 5004 Norwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widnwed, or Divorced, (write the word)
Female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hilford C. Downs

DATE OF BIRTH (month, day, and year) Apr 6. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession nr particular kind nf work not Any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Wm. M. Carson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha Spedden

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Myrtle D. Lankford

(Address) 5004 Norwood Ave

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1928, to Sept 24, 1928, that I last saw her alive on Sept 23, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Right-Cerebral Hemorrhage
Paralysis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnnsis? Symptoms

(Signed) Howard B. Silver, M. D.

, 19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 26, 1928

20 UNDERTAKER ADDRESS

John T. Mitchell & Sons 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Blks.

37709 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 12 4 E 37709

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE. (No.) 12-50 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly Johnson

(a) RESIDENCE NO. ~~Poor~~ 224 Barclay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

6 If married, widowed, or divorced HUSBAND of or) WIFE of Nor given

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Chas Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Minnie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

4 Informant (Address) BALTIMORE CITY HOSPITALS

5 Filed SEP 25 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 9-23, 1928, that I last saw h alive on 9-23, 1928, and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows: Abscess of Liver

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) P. M. Hoch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antrim Cemetery DATE OF BURIAL Sept 25 1928

20 UNDERTAKER Chas. W. Johnson ADDRESS 1716 N. Caroline St.

pec.—2-29-28—L. F. S.—500 Bks.

E 37710

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 37710

CERTIFICATE OF DEATH

1—PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-17 WARD)

2—FULL NAME Samuel Fowlkes

(a) RESIDENCE NO. 121 N. Dallas ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 5 24 28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	4	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER James Fowlkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Records

(Address) Johns Hopkins Hosp.

Filed 9 25 1928, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928, to Sept 23 1928, that I last saw h[illegible] alive on Sept 23, 1928 and that death occurred, on the date stated above, at 7 00 A.m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

9/24, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Lakey	Sept 25 1928
20 UNDERTAKER	ADDRESS
Mark G. Elliott	1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37711 — CERTIFICATE OF DEATH. — E 37711

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Washington Boule St. 2 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Lockom

(a) RESIDENCE NO. 1014 Granby St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 26th 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Jacob

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Goldie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jos. Ilman

(Address) 1014 Granby St.

15 Filed ..... 19 ..... C. WILMOTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile Accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Brooke M. D.
(Coroner)

9/25 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 9/25 1925

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Baltimore St

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37712

CERTIFICATE OF DEATH.

90 E 37712

1-PLACE OF DEATH

City of BALTIMORE: (No. 1210 E. Fayette St. 5-8 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Jacobs

(a) RESIDENCE NO. 1210 E. Fayette St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jacobs

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) London, England

PARENTS

10 NAME OF FATHER Isaac Jacobs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Phillip Jacobs

(Address) 2802 Quantico Ave

15 Filed SEP 25 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said hig inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(Probably Coronary Embolism)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

Signed [illegible] M. D.

(Coroner)

9/25 19 28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodeph Shalom Cem Date of Burial Sept 28 1928

20 UNDERTAKER S Levinson & Co ADDRESS 1225 Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37713

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

14001 E 37713

REGISTERED NO.

City of BALTIMORE: (No. 3153 Ravenwood Ave St., 8-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Chamberlain

(a) RESIDENCE NO. 3153 Ravenwood Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Chamberlain

6 DATE OF BIRTH (month, day, and year) October, 11th. 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph B. Wood

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Houck

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Katie Hunsinger

(Address) 916 West Baltimore St.

15 Filed SEP 25 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

9/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial 19

20 UNDERTAKER Joseph B. Cook ADDRESS

rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37714 CERTIFICATE OF DEATH 129 E 37714

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Mc Cabe Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Sybilla Weaver

(a) RESIDENCE NO. 511 Mc Cabe Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry A. Weaver

DATE OF BIRTH (month, day, and year) July 30th, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	1	23	

Edgar P. Sandrock M.D. 10/2/28

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Kuenzing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Anna Zell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Harry A. Weaver

(Address) 511 Mc Cabe Ave

Filed SEP 25 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22nd, 28.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1925, to Sept. 17, 1928

that I last saw her alive on Sept. 17, 1928

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

Myocarditis Chronic

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock M. D.

, 19 (Address) 7 Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 25, 28.
20 UNDERTAKER	ADDRESS
F. B. Wippert	1850 W. Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37715 90 E 37715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2803 Elsinor Ave. 15-61 (ST. & WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Pickner

(a) RESIDENCE NO. 2803 Elsinor Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret A. Pickner

6 DATE OF BIRTH (month, day, and year): Aug. 29. 1839

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
89	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Funeral Director

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): New York N.Y.

PARENTS

10 NAME OF FATHER: William Pickner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth England.

12 MAIDEN NAME OF MOTHER: Diana Bassett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): London England.

14 Informant: Miss Mary J. Pickner

(Address): 2803 Elsinor Ave.

15 Filed ..... 19 ..... Registrar

SEP 25 1928 C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1928, to Sept. 24. 1928.

that I last saw him alive on Sept 23 28, 19

and that death occurred, on the date stated above, at 12.50 a.m.

The CAUSE OF DEATH* was as follows:

old age.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Inkeum.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Thos C Blake, M. D.

19 (Address) 719 Med. Arts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Sept 26 28

20 UNDERTAKER: Wm J Pickner Sons — ADDRESS: Norristown Pa

Spec.—1-12-23—M&T—500 Bks.

E 37716 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 2323 Arunah Ave. St., WARD)

2-FULL NAME Bertha Anna Kraus

(a) RESIDENCE No. 2323 Arunah Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest A. Kraus.

6 DATE OF BIRTH (month, day, and year): July 23 1860

7 AGE: Years 68 Months 2 Days 0 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Middlemiss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland Germany

12 MAIDEN NAME OF MOTHER: Meta Heise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Germany

14 Informant: Mr. Louis P. Kraus

(Address) 511 Norman Ave.

15 Filed SEP 25 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 23, 1928, that I last saw h— alive on Sept 22, 1928, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Path.

(Signed) [illegible], M. D.

(Address) 21 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL Sept 25 28

20 UNDERTAKER: Wm. J. McKeever Sons ADDRESS Rockville

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37717

CERTIFICATE OF DEATH.

E 37717

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 1357 Walcott St. WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Woodland

(a) RESIDENCE No. 1357 Walcott St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1919

7 AGE Years 9 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co

12 MAIDEN NAME OF MOTHER Annie Ikenda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co

14 Informant Mr Arnold Woodland (Address) 1357 Walcott St

15 Filed 2-5 1929, 19 Reg Registrar

C. W. MEEKS-JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-9, 1928, to 9-23, 1928, that I last saw h[illegible]live on 9-23, 1928, and that death occurred, on the date stated above, at 9 20 P m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis rt. os calcis

Septicaemia, pericarditis,

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-10-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake, M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 26 1928

UNDERTAKER Thomas E. Wright

ADDRESS Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37718

CERTIFICATE OF DEATH

E 37718

REGISTERED NO. 129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3414 Mt Pleasant St. (Ward) 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret J Johnson

(a) RESIDENCE NO. 3414 Mt Pleasant St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Edward Johnson

DATE OF BIRTH (month, day, and year) Mar 5 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	20	

OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frank Hofstetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Hofstetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Agnes Jack

(Address) 3414 Mt Pleasant St

15 Filed SEP 25 1928 19 C. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 23 28

17 I HEREBY CERTIFY, That I attended deceased from 9 20 1928 to 9 23 1928

that I last saw h alive on 9 22 1928

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. D. Mueller M. D.

19 (Address) 3336 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dorsey County — DATE OF BURIAL Sept 25 19 28

20 UNDERTAKER Chas E. Miller & Son — ADDRESS 2334 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

E 37719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37719

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16-13 WARD

2-FULL NAME Mrs. Sarah Dashieff.

(a) RESIDENCE No. 3033 W. Garrison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pacey Dashieff

DATE OF BIRTH (month, day and year) 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	75	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant David Dashieff

(Address) 3033 W. Garrison ave

Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24-1928

17

I HEREBY CERTIFY, That I attended deceased from 9-11, 1928, to 9-24, 1928

that I last saw h[illegible] alive on 9-23, 1928

and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
c Hemiplegia

13 days (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Bluemke, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rm DATE OF BURIAL 9/25 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37720

CERTIFICATE OF DEATH.

9 E 37720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 845 Ducatel ST. 13-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Shnitzer

(a) RESIDENCE NO. 845 Ducatel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4-25

7 AGE — Years | Months: 3 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Philip

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Levin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) C Shnitzer 845 Ducatel

15 Filed SEP 25 1928 H. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sep 19, 1928, to Sep. 23, 1928, that I last saw h[illegible] alive on Sep 23, 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M J Bayless, M. D.

9/25, 1928 (Address) 2040 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Mt. Carmel — DATE OF BURIAL: 9-25-1928

20 UNDERTAKER: Jack Lewis, Sept — ADDRESS: 25-1928 1434 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E 37721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37721

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 4220 Stanwood Ave St. 27-41 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kraft Seabreeze

(a) RESIDENCE NO. 4220 Stanwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Katherine Seabreeze

6 DATE OF BIRTH (month, day, and year) Oct 15/1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or.....min.
	51	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Jno. T. Seabreeze

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Kraft

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Wife

(Address)

15 Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probab. t Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (History Hypertension)

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

9/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. Date of Burial Sept 26 28

20 UNDERTAKER Jas Joesdens ADDRESS Don 217 S. Pa

C. HAMPSON JONES, M.D.

SEP 25 1928

E 37722

HEALTH DEPARTMENT—CITY OF BALTIMORE

Enroute

CERTIFICATE OF DEATH.

E 37722

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp St. ... Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laurence Starkey

(Residence in Baltimore: No. 2621 E Monument St St.; yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Oct 25 1897
(Month) (Day) (Year)

7-AGE. 31 yrs. 7 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. James W Starkey

11-BIRTHPLACE OF FATHER, (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Theresa Hilbrath

13-BIRTHPLACE OF MOTHER, (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Starkey

(Address) 2621 E Monument St

15- SEP 25 1928 Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 22 192..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Probably Alcoholism

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Bowers M. D.
(Coroner.)

9/25/28 192.. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Sept 26 1928

20-UNDERTAKER. Jos M. Frutchey ADDRESS 511 N Wolfe

Spec-12-23-21-E.B.R.S.-400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37723

CERTIFICATE OF DEATH

101-091

E 37723

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 Stump alley St. 22-30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Washington

(a) Residence No. 505 Stump alley St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If of foreign birth? 57 yrs. mos. ds.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed or Divorced (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas G Washington

6-DATE OF BIRTH (month, day and year):

7-AGE: 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work:

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Harriett Johnson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant): Thomas Washington

(Address): 505 Stump alley

15- Filed 1928 HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: (month, day and year) Sept 23 1928

17: I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928 to Sept 23 1928

that I last saw her alive on Sept 22 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H Fowler, M. D.

Sept 24 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope | DATE OF BURIAL: Sept 25 1928

20-UNDERTAKER: J L Bloom & Son | ADDRESS: 1032 W Fayette St

Spec.—1-10-21—M&T—1500 Blks.

E 37724 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 202 E 37724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Ins. (St. and number) 1433 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Thomas Baby Boy Stallings

(a) RESIDENCE NO. Pasadena, Md St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 31, 1928

7 AGE Years Months Days 29

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No Occupation Stillborn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jerry Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records (Address)

15 Filed SEP 25 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8/31, 28, to 9/24, 28

that I last saw him alive on 9/24, 28

and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Accidental Strangulation

(duration) — yrs. 2 mos 1 min

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Wilcox M. D.

19 (Address) Hospital Balto Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Church Cem | DATE OF BURIAL Sept 25, 28

20 UNDERTAKER John F Denny | ADDRESS 7 E Lights

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37725

CERTIFICATE OF DEATH.

1001

E 37725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Race St. 23-32 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael W. Rowan

(a) RESIDENCE NO. 1517 Race St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E. Rowan

6 DATE OF BIRTH (month, day, and year) June 10 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Michael Rowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katharine Mc Carty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Emory Rowan

(Address) 1517 Race St.

15 Filed SEP 25 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 23, 1928, that I last saw h alive on , 19 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

Sept 24 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL 9/26 1928

20 UNDERTAKER J. Fenw McCully

ADDRESS 1305 Fort

Form 6—2-29-28—L. F. S.—500 Bks.

E 37726 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37726

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. 611

CITY OF BALTIMORE: (No. 140 N. Hare ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Gaff.

(a) RESIDENCE NO. 140 N. Hare ST. 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Marion K. Gaff

DATE OF BIRTH (month, day, and year) March 21 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	2	

OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work C. P. O. of U. S. N.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Indianapolis Ind.
(State or country)

10 NAME OF FATHER Michael Gaff.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine Welch

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant John T. Gaff. (Son)

(Address) Stemmers Run P.O. Md

Filed ..... 19 .....

Per ..... Registrar

P 25 1928 C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1928, to Sept. 23, 1928, that I last saw h alive on Sept. 23, 1928 and that death occurred, on the date stated above, at 1 50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Certific - Influenza [illegible] 2 yrs.)
nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Cartigiani, M. D.

, 19 (Address) 2702 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Sept. 26 1928
20 UNDERTAKER Lilly-Zeller Inc.	ADDRESS 403 S Wolfe St

Form—2-29-28—L. F. S.—500 Blks.

E 37727 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37727

CERTIFICATE OF DEATH 111-001

1—PLACE OF DEATH

REGISTERED NO. 26-37

CITY OF BALTIMORE: (No. 908 S. Second ST., 26 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Thomas Barber.

(a) RESIDENCE NO. 908 S. Second ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia V. Barber

DATE OF BIRTH (month, day, and year) Oct. 10th 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Thos. W. Barber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Marcella Epron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant Eugenia V. Barber (Wife)

(Address) 908 S. Second St.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22nd 1928

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Sept 22 1928, that I last saw him alive on Sept 21, 1928, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage (Gastric)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. R. Bendrick, M. D.

Sept 29 1928 (Address) 2221 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Sept. 25 1928
20 UNDERTAKER Lilly-Zeiler Inc.	ADDRESS 403 S. Wolfe St.

FEB 25 1929 C. HARRISON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 37728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-09

E 37728

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1721 N Chapel St. 8-17 Ward)

2-FULL NAME Charles D. Noyes

(a) RESIDENCE NO. 1721 N. Chapel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? 64 yrs. 6 mos. 15 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Noyes

6 DATE OF BIRTH (month, day, and year) March 6th 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John Dennart

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Davis Noyes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Manda Cornelius

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Miss Mary Noyes

(Address) 1721 N. Chapel St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

9/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: 9/26 19 28

UNDERTAKER: Louis Heemann — ADDRESS: 32 S. B'way

Cor.—12-9-25—A Co.—200 Bks.

E 37729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 37729

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 W. Baltimore St., 4-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucretia C. Wheat

(a) RESIDENCE NO. 611 W. Baltimore St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William T. Wheat

6 DATE OF BIRTH (month, day, and year)
June 4, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER John Upperco

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Van Bibber

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. Bertha Stewart
(Address) Glenburnie, Md.

15 Filed SEP 25 1928, 19 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis. (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage. (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Pollard M. D.
(Coroner)

9/24/ 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Sept 26 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37730

CERTIFICATE OF DEATH.

112 E 37730

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 George St. 17 26 Ward)

2-FULL NAME Moses Turner

(a) RESIDENCE NO. 705 George St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Fla

PARENTS

10 NAME OF FATHER Milton Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Fla

12 MAIDEN NAME OF MOTHER Harriett Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Fla

14 Informant Frank B. Turner

(Address) 554 St Marys St

15 Filed 19 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feldt M. D.
(Coroner)

9/25, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetary Date of Burial 9 25 1928

20 UNDERTAKER Leonard Whalen ADDRESS 698 Pierce St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37731
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113 E 37731

CITY OF BALTIMORE: (No. 1820 Light St ST. 14-34 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred E. Myers

(a) RESIDENCE NO. 1809 Light ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs 8 mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 21 1928

7 AGE — Years: — Months: 8 Days: 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward F. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary C. Hoffnagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Edward F. Myers
(Address) 1809 Light St

15 Filed SEP 25 1928 C. HAMMOND TESTER, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/23 1928, to 9/25 1928
that I last saw h[illegible] alive on 9/25 1928
and that death occurred, on the date stated above, at 7 45a m.
The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Teething (duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Theocal M.D.

. 19 (Address) 1340 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 27 1928

20 UNDERTAKER John F. Emig — ADDRESS 1 E Lights

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37732

E 37732

CERTIFICATE OF DEATH.

44

REGISTERED NO. 1615

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Street) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen T. Kelly

(a) RESIDENCE NO. 110 E Madison St St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 7, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: L. Slesinger & Son

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John L. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mary A. Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Miss Margaret Kelly

(Address): 110 E. Madison Street

15 Filed 9/28 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/19/28, 19, to 9/24/28, 19, that I last saw h er alive on 9/24/28, 19, and that death occurred, on the date stated above, at 4:43 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach - ?

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8/27/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W W Hendrix, M. D.

(Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 9/27 19 28

20 UNDERTAKER: Henry W. Sears & Son

ADDRESS: [illegible]

Spec.—7-17-26—A Co.—200 Bks.

E37733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E37733

CERTIFICATE OF DEATH

90

REGISTERED NO. 35

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1509 E Fort Ave (St.) 24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Forest W. Haffpenny

(a) RESIDENCE NO. 1509 E Fort Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Haffpenny

6 DATE OF BIRTH (month, day, and year): June 20 1880

7 AGE: Years 48 Months 3 Days 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B & O R R

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Geo. Haffpenny

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Helen Hinkes

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant (Address): Margaret Haffpenny 1509 E Fort Ave

15 Filed 9 26 1928, 19 HARRISON JONES, M. D. Registrar

By RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-25 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Sept. 25, 1928, that I last saw him alive on Sept 25, 1928, and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Cardiac Hypertension (duration) Dis'kind yrs. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris, M. D. (Address) 107 East Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Date of Burial 9-28 1928

20 UNDERTAKER: E T B Hark ADDRESS 1156 W Fort 88

Spec.—2-29-28—L. F. S.—500 Bks.

E 37734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37734

CERTIFICATE OF DEATH

161-004

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Green

(a) RESIDENCE NO. 825 N. Ostend ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Negro-Amer	

6 If married, widowed or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, and year) 8/31/28

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Green

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

Informant

(Address) 3812 JOHNS

Filed 19 C. H. MPSON Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/28

17

I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928 to Sept. 23, 1928 that I last saw h im alive on Sept. 23, 1928 and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

Malnutrition

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date nf

Was there an autnpsy? No

What test cnnfirmed diagnosis?

(Signed) J. W. Sims, M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, nr in deaths frnm Vinlent Causes, state (1) Means and Nature nf Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL.	SEP 25 1928 19
20 UNDERTAKER Commissioner Health.	ADDRESS

Per Wm E Woodall

Cor—12-9-25—A Co—200 Bks.

E 37735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 37735

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 Carolina St., 5-9 Ward)

2-FULL NAME Alice J. Collins

(a) RESIDENCE NO. 1416 Carolina St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 15 1909

7 AGE: Years 19 Months 4 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town)
(State or country): Dillon S.C.

PARENTS

10 NAME OF FATHER: Hamp. Johnson

11 BIRTHPLACE OF FATHER (City or town)
(State or country): S.C.

12 MAIDEN NAME OF MOTHER: Sarah Johnson

13 BIRTHPLACE OF MOTHER (City or town)
(State or country): S.C.

14 Informant: Sarah Johnson
(Address): 1416 N. Carolina St.

15 Filed ..... 19 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. TB-
(duration) Yrs. 3½ mos. ds.

CONTRIBUTORY (secondary) Exhaustion
(duration) Yrs. mos. 1 ds.

Sept 23 1928 (Signed) J. C. Yates M. D.
(Coroner)
(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Dillon S. C. Date of Burial: Sept 25 1928

19 UNDERTAKER: Samuel Knusby Jr. ADDRESS: Biddle

Spec.—1-12-23—M&T—500 Blks.

E 37736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37736

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 27-41 St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice May Riggin

(a) RESIDENCE No. 4309 Ellamont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Will Riggin

6 DATE OF BIRTH (month, day, and year) July 25, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Geo. Abott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Alice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 1928, to 9-14, 1928, that I last saw h[illegible] alive on 9-14, 1928, and that death occurred, on the date stated above, at 10:29 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Rheumatic Endocarditis
Mitral Stenosis and Insufficiency

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Sept 17 1928

20 UNDERTAKER Robt F Funnelle — ADDRESS 1442 N. Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37737

CERTIFICATE OF DEATH.

1 146

E. 37737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hollowell Watkins

(a) RESIDENCE NO. 30 Midships Rd ST. Lundale WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Wm Watkins

6 DATE OF BIRTH (month, day, and year): Apr 10 - 1908

7 AGE — Years: 20 — Months: 5 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Wm S Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Amanda C Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs Amanda C Scott

(Address) 30 Midshipmead Rd

15 Filed Sept 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 24, 1928, that I last saw her alive on Sept 24, 1928, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

1 Puerperal sepsis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Premature Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles E. Gill, M. D.

9/24 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Uniontown Pa

DATE OF BURIAL: Sept 27 1928

20 UNDERTAKER: John Welsh

ADDRESS: 208 Eleanor

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37738

CERTIFICATE OF DEATH.

129 E 37738

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen. Hosp. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline H. Streader

(a) RESIDENCE NO. 1611 N. Eden St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Streader

6 DATE OF BIRTH (month, day, and year): 2/11/1863

7 AGE: Years 65 Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Jos Bregel

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Hamel

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md.

(State or country)

14 Informant: Mrs Mary Cryer

(Address): 3146 Gunsden Rd.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Coroner) J. C. Leuck M. D.

(Address) 1111 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: 9 1928

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Hanover Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 37739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 37739

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nettie Bolling

(a) RESIDENCE NO. 1019 N. Stricker ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER George Bolling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 19 C. HAMPSON JONES, M. D.
1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-16, 1928, to Sept-22, 1928, that I last saw her alive on Sept-22, 1928 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis and insufficiency Rheumatic heart disease

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

9/22 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion DATE OF BURIAL Sept 26 1928

20 UNDERTAKER Edward Whalen ADDRESS 698 Pierce St

Cor.—12-9-25—A Co.—200 Bks.

E 37740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37740

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1914 Ething St. 20 Ward)

2-FULL NAME John H. Dixon

(a) RESIDENCE NO. 1914 Ething St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 26 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) May 29-1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Chas H. Dixon

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Nickerson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Flora B. Dixon

(Address) 1914 Ething St

15 Filed ....., 19..... Registrar

C. H. THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Leith M. D.

(Coroner) Aug 24-1928

(Address) North Ave & Dunn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial 10/27/28

20 UNDERTAKER Mrs. Lee C. Holland ADDRESS 1631 Dunn Ave

Spec.—1-10-21—M&T—1500 Bks.

E 37741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37741

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1639 N Carey ST. 15-54 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Brown

(a) RESIDENCE No. 1639 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Brown

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County Md.

PARENTS

10 NAME OF FATHER Alfred Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md.

14 Informant (Address) Richard Garner 1103 W Lanvale St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928 to Sept 24, 1928, that I last saw him alive on Sept 23, 1928, and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Williams Frey, M. D.

9/24, 1928 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Luke's Reisterstown

DATE OF BURIAL 10/26/1928

20 UNDERTAKER Jno. Leo. H. Holland

ADDRESS 1601 Druid Hill

1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 37742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37742

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hospital St. 11 Ward 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Orville Keene

(a) RESIDENCE NO. 3701 York Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21 1902

7 AGE Years 9 Months Days 2. IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Herbert Keene

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Estelle E. Ryan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Herbert Keene

(Address) 3701 York Road Apts

15 Filed 1928 By

THOMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9.23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or view or inquiry) thereon and from the evidence obtained by said inquest (or view or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries from Motor accident

Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

9/26, 1928 (Address) 763 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Pikesville Cemetery 9/26 1928

20 UNDERTAKER ADDRESS

Frederick Lassahn Sons Fullerton

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37743

CERTIFICATE OF DEATH.

113 E 37743

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2613 E. Preston St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Lagenese.

(a) RESIDENCE NO. 2613 E. Preston St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) July 7-1928.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Lagenese.

11 BIRTHPLACE OF FATHER (city or town) Naples

(State or country) Italy

12 MAIDEN NAME OF MOTHER Angeline Basagnolone

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland.

14 Informant Frank Lagenese.

(Address) 2613 E. Preston St.

15 Filed____, 19____ H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22- 1928, to Sept. 24, 1928, that I last saw h[illegible] alive on Sept 24, 1928, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Pleurolitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs.

(Signed) Chester Leland, M. D.

9-7-5; 1928 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents Cemetery — Date of Burial 9/26/1928

20 UNDERTAKER: E. J. Fanning 1 Inc - 1938 E. Lafayette ave.

Spec. 7-17-26—A.Co.—200 Bks.

E 37744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37744

CERTIFICATE OF DEATH

REGISTERED NO. 74

1-PLACE OF DEATH

City of BALTIMORE: (No.) 507 E 25th St. (St., Ward) 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis William Sadler

(a) RESIDENCE NO. 507 E 25th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Sadler

6 DATE OF BIRTH (month, day, and year): Nov. 25, 1852

7 AGE: Years 75 Months 9 Days 26 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk Office

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William H Sadler

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Keagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Annie Sadler

(Address) 507 E 25th St

15 Filed SEP 26 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 13th, 19 28, to Sept 24th, 19 28, that I last saw h alive on Sept 24th, 19 28, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) George Jagoroff M.D.

9/27 19 28 (Address) 461 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

Date of Burial: Sept 29 19 28

20 UNDERTAKER: H. W. Cole & Son

ADDRESS: 50 E Fayette

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37745

CERTIFICATE OF DEATH.

49 E 37745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2105 Clifton ave ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chain Stlar

(a) RESIDENCE NO. 2105 Clifton ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs mos ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Stlar

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 68 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Daniel Stlar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Greenman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rose Stlar

(Address) 2105 Clifton ave

15 Filed 8-6 1928, 19 — C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 13, 1928, to Sept 25, 1928, that I last saw him alive on Sept. 24, 1928, and that death occurred, on the date stated above, at 12-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung - Duration(?)
Arteriosclerotic Cardio-vascular Dis.
Pulmonary Interstitial Degeneration.

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray of Lungs

(Signed) A. Allen Schoolman, M. D.

9/6, 1928 (Address) 2749 Entrad Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 9/6 1928

20 UNDERTAKER: Jack Levers

ADDRESS: 1428 Eutaw

Spec—12-23-21—P.B.R.S.—400 Bks.

E 37746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 610 Dolphin St. 11-24 401-001 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ires Ward

(a) Residence No. 610 Dolphin St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Hetty A. Ward

6-DATE OF BIRTH (month, day and year) March 8 1871

7-AGE. 57 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Thomas Ward

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Sarah Wheatley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Mary A. Ward

(Address) 610 Dolphin St

15- Filed FEB 26 1928 192 C. HAMPSON JONES, M. D. Per Health Officer.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-25-28

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1928 to Sept 25 1928 that I last saw h alive on 25 Sept 1928 and that death occurred, on the date stated above, at 12:30 A.m.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Congestion

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Wolfe M. D.

, 19 (Address) 501 N. Dunbar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. Sept 27 1928

UNDERTAKER. Samuel Thursby & Bro. ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 37747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37747

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S Smallwood ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Snoops

(a) RESIDENCE No. 428 S. Smallwood ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of: Barbara Snoops.

6 DATE OF BIRTH (month, day, and year): Nov. 26-1868

7 AGE: Years 60 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer): Coal House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Charles J. Snoops

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katherine Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Barbara Snoops (Address) 428 S. Smallwood

15 Filed SEP 26 1928 19 C. HAMPSON WEBB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 24, 19 28

that I last saw him alive on Sept 23, 19 28

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchial Asthma

(duration) - yrs. 6 mos. - ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Herbert F. Kuehnau, M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 27 1928

UNDERTAKER: George L. Schwartz — ADDRESS: 1101 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

E 37748 E 37748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Wollenweber

(a) RESIDENCE No. 3018 Fleetwood Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4h ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21 '28

7 AGE: Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Chas. Wollenweber Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER: Thelma I. Hams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland.

14 Informant: Chas. Wollenweber Jr.

(Address) 3018 Fleetwood Ave.

15 Filed SEP 26 1928 C. HAMPSON GRAHAM, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928, to Sept. 26, 1928 that I last saw h[illegible]ive on Sept. 25, 1928 and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of the Newborn.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Margaret B. Ballard M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Sept. 26 1928

20 UNDERTAKER: H. C. Blacke — ADDRESS: 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 37749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37749

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 117 ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Delaney

(a) RESIDENCE NO. 622 Washington Blvd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian A. Delaney

6 DATE OF BIRTH (month, day, and year) July 9, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stable Attendant

(b) General nature of industry, business, or establishment in which employed (or employer) 08

(c) Name of employer Swift & Company

9 BIRTHPLACE (city or town) Richmond

(State or country) Virginia

PARENTS

10 NAME OF FATHER George T. Delaney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Bessie Clarke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Lillian Delaney

(Address) 622 Washington Boulevard

15 Filed SEP 26 1928, 19 C. HAMILTON JONES, M. D. Registrar

Via Balto. & Atlantic Railway Co.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-22, 1928, to 9-24, 1928, that I last saw him alive on 9-24, 1928, and that death occurred, on the date stated above, at 10 46 P m.

The CAUSE OF DEATH* was as follows:

Rupture Appendix.
Edema of Peritonitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9-22-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) E. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warsaw, Virginia

DATE OF BURIAL 9/26 1928

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N Calvert

Escort Mrs. Eugene F. Delaney

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37750 E 37750

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Harlem Ave. ST. 16-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kalbfleisch.

(a) RESIDENCE NO. 2515 Harlem Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Widower

5a If married, widowed, or divorced HUSBAND of Mary J. Kalbfleisch.

6 DATE OF BIRTH (month, day, and year) August 5, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain Baltimore City Police.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Kalbfleisch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Helen Badger. (daughter) (Address) 2515 Harlem Ave.

15 Filed 26 1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from September 15, 1928 to September 24, 1928 that I last saw him alive on September 24, 1928 and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus. (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia. (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? -------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt M. D.

9/24 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 28

20 UNDERTAKER George Smith ADDRESS 532 Hollins

Cor. 12-9 E 37751 00 Blks.

E 37751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore & Light Sts. St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pleasant Graves.(C)

(a) RESIDENCE NO. 1720 N. Lafayette Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Col. ~~White.~~

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~): Minnie Graves.(C)

6 DATE OF BIRTH (month, day, and year): December 4, 1900

7 AGE: Years 27 Months 9 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Virginia.

PARENTS

10 NAME OF FATHER: Samuel Graves.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Bettie Brown.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia.

14 Informant: Chestine Tucker.(C) cousin.

(Address) 1720 N. Lafayette Ave.

15 Filed SEP 26 1928 HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall into excavation at at Baltimore Trust Company

(duration) .....yrs. .....mos. .....da.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....da.

(Signed) Otto M. Lenhardt M. D.

(Coroner)

9/26 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bt Calvary Cem

Date of Burial: Sept 28

20 UNDERTAKER: Robt F Walker

ADDRESS: 1515 W. Fayette

Spec.—1-12-23—MAT—500 Blks.

E 37752 See Letter in full from Dr Chrisman ✓ Changed age 10-16 1928 E 37752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-51 ST. 12 WARD)

2-FULL NAME Mary Furnian

(a) RESIDENCE NO. 2637 Mac ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	57		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Buckley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed SEP 26 1928 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-24, 1928, to 9-23, 1928, that I last saw h alive on 9-23, 1928, and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

(duration) yrs mos. ds.

Unknown

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) H. W. Stuck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 9/27 1928

20 UNDERTAKER Chas. P. Maus & Son — ADDRESS 918 N. Howard ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37753

CERTIFICATE OF DEATH

135 E 37753

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME LOUIS GOLDMAN

(a) RESIDENCE NO. 113 N BROADWAY ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ MRS LOUIS GOLDMAN

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days.	If LESS than 1 day, hrs. or min.
	68	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work MERCHANT

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) RUSSIA

10 NAME OF FATHER DAVIS GOLDMAN

11 BIRTHPLACE OF FATHER (city or town) (State or country) RUSSIA

12 MAIDEN NAME OF MOTHER EVA GOLDMAN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) RUSSIA

Informant Records

(Address)

Filed SEP 26 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Sept 26, 1928, that I last saw him alive on Sept 26, 1928 and that death occurred, on the date stated above, at 2:37 a. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis, Uremia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H C Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Wash. Rd.	9-26-1928
20 UNDERTAKER	ADDRESS
Jack Levine	1439 E Balto

[illegible] 6 HAMILTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37754 CERTIFICATE OF DEATH.

60-002

E 37754

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-6 WARD)

2-FULL NAME Gilbert Silvious

(a) RESIDENCE NO. 23 E Germain ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Silvious.

6 DATE OF BIRTH (month, day, and year) Feb 1 — 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Savage Milling Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mount Jackson Va.

PARENTS

10 NAME OF FATHER J. Silvious

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mount Jackson Va.

12 MAIDEN NAME OF MOTHER Mathilda Hafnuel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mount Jackson Va.

14 Informant Margareth Silvious
(Address) 23 E Germain ave.

15 Filed Sept 26, 1928, 19 H. A. Kluge, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from September 1st, 1928, to September 26th, 1928, that I last saw him alive on September 26th, 1928, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Toxic adenoma of thyroid, cardiac decompensation; Chronic bronchitis; Hypertension.

Toxic psychosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diffuse cerebral sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Silvanus P. Gundry, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation

Mount Hebron Cemetery

DATE OF BURIAL Sept. 26 1928

20 UNDERTAKER George L. Ruth

ADDRESS 1735 Harford ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37755

CERTIFICATE OF DEATH.

31 E 37755

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Hubert Alley St. 5-8 Ward)

2-FULL NAME Hilda Corbett

(a) RESIDENCE NO. 606 Hubert Alley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	X 25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Police Dept

(Address)

15 Filed 19 THE MORGUE C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Finn M. D.

(Coroner)

9/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND Date of Burial 19

20 UNDERTAKER ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37756

E 37756

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Lucy Hospital St. [illegible] Ward)

2-FULL NAME Fritz Miller

(a) RESIDENCE NO. Lucy Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or race W.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 76 ? Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Sept 6 (day) (year) 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Coroner, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Sept 6 1928 (Month) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

C. HAMPSON JONES, M. D.

Commissioner Health

Per Wm. E. Woodall

SEP 26 1928

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37757

CERTIFICATE OF DEATH.

185 E 37757

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 691 Pierce St. 17-26 Ward)

2-FULL NAME John Black

(a) RESIDENCE NO. 691 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Unknown

14 Informant .....

(Address)

15 Filed ..... 19 ..... Registrar

1928 C. HAMPSON JONES M. D.

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken neck
fall down stairs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feder M. D.
(Coroner)

9/20 1928 (Address) 219 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial 19

UNIVERSITY OF MARYLAND
SEP 26 1928
Baltimore Health

20 UNDERTAKER ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 37758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37758

CERTIFICATE OF DEATH.

REGISTERED NO. 161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ora Finney

(a) RESIDENCE No. 1922 Pennsylvania Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1928

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Otis Finney

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Virginia Finney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Johns Hopkins Hospital.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Sept. 18 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-18, 1928, to 9-18, 1928, that I last saw he alive on 9-18, 1928 and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hart Culbreth, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS 231 W. E. WOODALL

JOHNS HOPKINS HOSPITAL SEP 26 1928

Spec.—1-12-23—MAT—500 Blks.

E 37759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-09 E 37759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 16-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Bowie

(a) RESIDENCE NO. 93 N. Carrollton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1928

7 AGE Years Months Days 1 If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alphonso Bowie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Mattie Bowie (Address) Johns Hopkins Hosp.

15 Filed 19 2825 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 9-20, 1928, that I last saw he alive on 9-20, 1928 and that death occurred, on the date stated above, at 1.53 A. m.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hart J. Goldsmith, M. D.

19 , (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL Health

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 S Streeper St., 1-1 Ward) Registered No. 101-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Melvin Plum

(a) Residence No. 617 S Streeper St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 27 21

7-AGE. 1 yrs. 1 mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER. Joseph Plum

11-BIRTHPLACE OF FATHER (city or town). Balto (State or Country),

12-MAIDEN NAME OF MOTHER. Fanny Janowski

13-BIRTHPLACE OF MOTHER (city or town). Balto (State or Country), Md

14- (Informant). Francis Plum

(Address) 617 S Streeper St

15- Filed 192 [illegible] Registrar.

928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sep 26-28

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 19 28 to Sept 26 19 28

that I last saw h[illegible] alive on Sept 26 19 28

and that death occurred, on the date stated above, at 5 05 p m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Kyle Jones, M. D.

Sept 26 19 28 (Address) 824 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Thomas Cem DATE OF BURIAL, Sept 28 19 28

20-UNDERTAKER. Stephen J Falkowski ADDRESS 1525 Kenwood Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E37761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37761

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 11425

CITY OF BALTIMORE: (No. Union Memorial Hosp'l STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William A. Thorington

(a) RESIDENCE NO. 1215 John ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Elizabeth Louise Thorington

DATE OF BIRTH (month, day, and year) July 4, 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Maryland (State or country)

10 NAME OF FATHER Robt A Thorington

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Edna Thorington

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Elizabeth L Thorington

(Address) 1215 John St.

C. HAMPSON JONES, M. D.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 25, 1928, that I last saw him alive on Sept 25, 1928 and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis with Peritonitis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 18 hours ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Sept 12/28

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) George C Eaton, M. D.

19 (Address) Union Memorial Hosp'l

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Salisbury Md	Sept 27 19 28
20 UNDERTAKER Hughes & Hearn	ADDRESS 140 W. Main

Spec.—1-10-21—M&T—1500 Bks.

E 37762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37762

CERTIFICATE OF DEATH.

× 46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST. [illegible] WARD 49

2-FULL NAME Mrs. Nella Hinds

(a) RESIDENCE NO. 3433 Guilford Terrace ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. [illegible] ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julian Hinds

6 DATE OF BIRTH (month, day, and year) Feb-14-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER A. F. Ellison

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Harriet Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 Informant Julian Hinds

(Address) EAU CLAIRE, WISCONSIN

15 Filed [illegible] 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26/1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 26, 1928, that I last saw her alive on Sept 25, 1928, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary

General Metastasis

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) John Mace Jr., M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL EAU CLAIRE, WIS.

DATE OF BURIAL Sept 26 1928

20 UNDERTAKER Boyles & Lorch Inc

ADDRESS 414 Park

Cor.—12-9-25—A Co.—200 Bks.

Rangle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37763

CERTIFICATE OF DEATH.

129 E 37763

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Rangle

(a) RESIDENCE NO. 615 Washington Boul. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21/1911

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Rangle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER))))))))

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithunia

14 Informant George Rangle (father)

(Address) 615. Washington Boul

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 23/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Nephritis.

over

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary) Nephritis

(duration) 7 yrs. 1 mos. .....ds.

(Signed) J. H. Watts, M. D.

(Coroner)

9/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lundon Park Cem Date of Burial 9/27 1928

20 UNDERTAKER Chas B. Kuchamba ADDRESS 697 S Paca St

Spec.—1-10-21—M&T—1500 Blks.

E 37764 HEALTH DEPARTMENT—CITY OF BALTIMORE 37764

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital 118

CITY OF BALTIMORE: (No. 15-58 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Freedman

(a) RESIDENCE NO. 4320 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Colmer Freedman

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs L. Ashrune (Address) 2313 Division

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9, 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 26 1928, to Sept 26 1928, that I last saw her alive on Sept 26 1928, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction (gangrene)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 9/25

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Benjamin H. Klotz M. D.

9-26 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa DATE OF BURIAL 9/26 1928

UNDERTAKER Jack Lewis ADDRESS 1439 E Balt St

Spec.–7-17-26—A Co.—200 Bks.

E 37765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37765

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Klex or Klecz

(a) RESIDENCE NO. Davidsonville, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) of

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Stephen Klecz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Veronica Madigan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant [illegible] Klecz

(Address) 1032 E [illegible]

15 Filed C. HAMPSON JONES, M. D. 19 928

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/28 19

17 I HEREBY CERTIFY, That I attended deceased from 9/3/28, 19, to 9/25/28, 19, that I last saw h[illegible] alive on 9/25/28, 19, and that death occurred on the date stated above, at 10 [illegible] a.m. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Spine — Dorsal-Lumbar

(duration) 2 to 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 42 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. S. Woodhead M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Stanislaus	Sept 28 19 28

20 UNDERTAKER John M Weber ADDRESS 701 E Chester

28

Spec.—1-10-21—M&T—1500 Bks.

E 37766 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37766

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5719 Bellona Ave (St.) 21-46 (Ward)

2-FULL NAME Bessie Sokel

(a) RESIDENCE NO. 5719 Bellona Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or divorced HUSBAND ~~of~~ (or) WIFE of: Cornelius Sokel

6 DATE OF BIRTH (month, day, and year): Dec 22 1857

7 AGE: 70 Years 9 Months 3 Days — If LESS than 1 day, hrs. or min.

71

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: M. O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Burnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Cornelius Sokel

(Address): 5719 Bellona Ave

15 Filed 1928 By C. HAMPSON JONES, M. D. Registrar ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1928

17

I HEREBY CERTIFY, That I attended deceased from June 3 1926 to Sept 25 1928.

that I last saw h alive on Sept 25 1928.

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Chr. Ent. Nephritis. Arteriosclerosis

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute cardiac Dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Annual Findings

(Signed) G. W. Bishop M. D.

Sept 25 1928 (Address) 501 Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Sept 28 1928

20 UNDERTAKER: Henry W Jenkins & Son

ADDRESS: Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Selmer, Caroline & Eager Sts

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37767

CERTIFICATE OF DEATH

91-00

E 37767

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1550 Carswell ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth A Lenlands

(a) RESIDENCE NO. 1550 Carswell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Lenlands

DATE OF BIRTH (month, day, and year) Dec 23 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William Archer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Cahill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Estelle Pruett

(Address) 1550 Carswell St.

Filed 1928, 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2 . 19 28 . to Aug 24th . 19 28 .

that I last saw h alive on Aug 20th . 19 28

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

1 Uremia Toxemia
Coma
Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Long M. D.

Aug 26 . 19 28 (Address) 1501 Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 8 26 19 28

20 UNDERTAKER Sullivan Cook

ADDRESS 501 Park Ave

Spec.—1-12-23—M&T—500 Bks.

E 37768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37768

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 21-25 WARD)

2-FULL NAME Frederick Sedlacek

(a) RESIDENCE NO. 1114 Rudgely ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE, of

6 DATE OF BIRTH (month, day, and year) Aug 25 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Sedlacek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Yoma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Anna Strauss

(Address) 1114 Cadgely St

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928 to Sept 26, 1928

that I last saw h im alive on Sept. 26, 1928

and that death occurred, on the date stated above, at 6:00 P.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Rt tibia, L femur and 2nd & 3rd Lumbar Vertebrae.

(duration) 5 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis & Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 8/29/28

Was there an autopsy? no

What test confirmed diagnosis? X ray & clinical signs

(Signed) Luther S. Line M. D.

, 19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salem Lutheran	Sept 28 1928

20 UNDERTAKER W. M. Cook ADDRESS 502 E Mt St

Spec.—1-10-21—M&T—1500 Bks.

E 37769 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37769

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital, Remington Ave. and Wyman Park Drive, 51

CITY OF BALTIMORE: (NO. ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Boyd JAMES BOYD

(a) RESIDENCE NO. 164 St. Philip St. Charleston, S. C. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman on Boat

(b) General nature of industry, business, or establishment in which employed (or employer): Seaman

(c) Name of employer: SS Beatty Weems

9 BIRTHPLACE (city or town) (State or country): Liberia

PARENTS

10 NAME OF FATHER: James Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Liberia

12 MAIDEN NAME OF MOTHER: Bonny

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Liberia

14 Informant (Address): Hospital records.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from November 2, 1927, to September 25 1928, that I last saw him alive on September 25, 1928, and that death occurred, on the date stated above, at 2:25 m.

The CAUSE OF DEATH* was as follows:

Carcinma of the larynx.

(duration) 1 yrs. 0 mos ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? on board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Histopathological examination.

(Signed) R. T. Townsend, M. D.

, 19 (Address) U. S. Marine Hosp 71

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 29, 1928

20 UNDERTAKER: E. Leroy Stiffler — ADDRESS: 125 E. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37770

CERTIFICATE OF DEATH.

74 E 37770

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinia Hospital St. 6-9 Ward)

2-FULL NAME Samuel Horwitz

(a) RESIDENCE NO. 136 N. Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Horwitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Reverend

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Horwitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael Horwitz

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

15 Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Carter M. D.

(Coroner)

9/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — Date of Burial: 9-27 19 28

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto. St.

21 4528 Per

Cor. E 37771 12-[illegible] 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37771

CERTIFICATE OF DEATH.

REGISTERED NO. 185

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Z. Warfield.

(a) RESIDENCE NO. 309 N. Carey St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	80	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER William Warfield.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Merryman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Elizabeth Dashiell. (niece)

(Address) 1029 N. Lanvale St.

15 Filed SEP 27 1928 19 C. HARRISON JONES

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of neck of femur
Accidental fall to the floor.
Terminal Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Einhard M. D.
(Coroner)

9/26 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 309 N. Carey St. Sept. 6, 1923.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Date of Burial Sept. 27 192 8

20 UNDERTAKER Chas E. Franck ADDRESS 282 Madison Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 37772 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37772

CERTIFICATE OF DEATH.

REGISTERED NO. 74-00 37772

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Elsinore Ave ST. 15-61 WARD)

2-FULL NAME Miss Emily Esther Louise Holmes

(a) RESIDENCE NO. 2404 Elsinore Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Feb. 23-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER M. Scott Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Krager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mary Holmes
(Address) 2404 Elsinore Ave

15 Filed ——— , 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1928

17

I HEREBY CERTIFY, That I attended deceased from August 26, 1927, to Sept. 25, 1928, that I last saw h[illegible] alive on Sept 25, 1928, and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis. Softening of Spermatic Right Hemiplegia and general arterial atheroma & Bright's

(duration) 1 yrs. — mos. 30 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Charles Lee, M. D.

(Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mem Cathedral Cem DATE OF BURIAL: Sept 28 1928

20 UNDERTAKER: Chas. E. Franck & Co ADDRESS: Madison Ave

SEP 27 1928 C. HAMPSON JONES, M.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 ✓

E 37773 E 37773

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1238 N. Bway ST. 8 & 13 WARD)

2—FULL NAME Josephine R. Guy

(a) RESIDENCE NO. 1238 N. Bway ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 6, 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balti, Md

10 NAME OF FATHER Steven Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Eliza Basler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balti, Md

Informant Blanche Guy Schall

(Address) 1238 N. Bway

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 25, 1928, that I last saw h[illegible] alive on Sept 24, 1928 and that death occurred, on the date stated above, at 7.30 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Sept 27, 1928 (Address) 1834 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 28 1928
20 UNDERTAKER	ADDRESS
Ralph L. Turnerche	1432 Broadway

Spec.—1-12-23—M&T—500 Bks.

E 37774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37774

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (No. 16-66 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Snyder

(a) RESIDENCE No. Fullerton, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Snyder

6 DATE OF BIRTH (month, day, and year) Nov. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) General Merchandise

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anna Arundel Co

PARENTS

10 NAME OF FATHER Mr. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma J. Snyder (Address) Perry Hall Md.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27, 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 9-27, 1928

that I last saw him alive on 9-26, 1928

and that death occurred, on the date stated above, at 4:15 a. m.

The CAUSE OF DEATH* was as follows:

Myelogenous Leukemia

2 Months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

, 19 (Address) West Balto. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Sept. 30 28

20 UNDERTAKER Frank Lassahn Sons ADDRESS Fullerton

OCT 1928 CHARLES JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37775

CERTIFICATE OF DEATH.

5-21/29

E 37775

1-PLACE OF DEATH

City of BALTIMORE: (No. 1422 N. Parish St., 15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. Clegett

(a) RESIDENCE NO. 1422 N. Parish St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): 1856

7 AGE: Years 72; Months; Days; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Mary Co

(State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town): "

(State or country)

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town): "

(State or country)

14 Informant: Sallie Coats

(Address): 1432 Pine

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Sept 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. Leslie M. D.

(Coroner)

(Address) 1418 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

Date of Burial: Sept 27 1925

20 UNDERTAKER: Thomas E Kelsey

ADDRESS: 1383 Preston St

Spec.—2-29-28—L. F. S.—500 Blks.

E 37776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 37776

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1323 W. Lafayette ST. 16-23 WARD)

2—FULL NAME Mollie Combs

(a) RESIDENCE NO. 1323 W. Lafayette Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Combs

DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

10 NAME OF FATHER Woodford Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Priscilla Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Bessie Rollins

(Address) 710 N. Gilmor St.

Filed Sept 27, 1928 HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26-1928

17

I HEREBY CERTIFY, That I attended deceased from [illegible], 19 25, to Sept 26, 19 28

that I last saw her alive on Sept 24 19 28

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Keyser M. D.

Sept 27, 1928 (Address) 2105 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Sept 29 19 28
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 37777 Haug

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37777

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1400 N. Milton Ave ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Haug.

(a) RESIDENCE NO. 1400 N. Milton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 10 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER David Haug.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lena Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Louis Middleton

(Address) 1400 N. Milton Ave

Filed SEP 27 1928 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25, 1928

I HEREBY CERTIFY, That I attended deceased from Sept 20 19 28 to Sept 25 19 28

that I last saw him alive on Sept 24 19 28

and that death occurred on the date stated above, at 9.05 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Nephritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas. Reinhardt M. D.

9-27-28 (Address) 600 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery.

DATE OF BURIAL Sept 27 19 28

20 UNDERTAKER Wm. Cook

ADDRESS 501 E. Oliver St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37778

CERTIFICATE OF DEATH.

E 37778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST. WARD)

2-FULL NAME Elizabeth Pender

(a) RESIDENCE NO. Penitentiary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elija Pender

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	29	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U.S.A.

PARENTS

10 NAME OF FATHER Charles Camphor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 19 28, to Sept. 23, 19 28,

that I last saw h alive on Sept. 23, 19 28

and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

Caseous Pneumonia.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory, Clinical & Pathological.

(Signed) Henry C Smith, M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 9/27 19 28

20 UNDERTAKER John J Fahey Nan

ADDRESS 318 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37779

E 37779

CERTIFICATE OF DEATH.

REGISTERED NO. 16371135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Meade

(a) RESIDENCE NO. No address ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
62				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Meade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hospital Records

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-17, 1928, to 9-23, 1928,

that I last saw h/M alive on 9-23, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhages

2 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9-13-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E Moran M. D.

19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 9/27 1928

20 UNDERTAKER John J Fahey Sons

ADDRESS 1268 Light St

Spec.—1-12-23—M&T—500 Bks.

E 37780 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 37780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-37 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Walter Butler

(a) RESIDENCE NO. Balto. City Hospitals ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	not obtained

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-10 , 1927 , to 9-22 , 1928 ,

that I last saw him alive on 9-22 , 1928 ,

and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows: Aneurysm of thoracic aorta

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & X-Ray

(Signed) W. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL 9/27 1928

20 UNDERTAKER John J Flaherty Sons ADDRESS 1318 Lombard St

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37781

CERTIFICATE OF DEATH.

49 E 37781

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Howard A. K city hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST. 14 WARD)

2-FULL NAME Ezra L. Waterman

(a) RESIDENCE NO. 600 Coleraine Rd ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne Walker Waterman

6 DATE OF BIRTH (month, day, and year) Oct 12, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	59 ~~60~~	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Treasurer & Form Co. Post

(b) General nature of industry, business, or establishment in which employed (or employer) Anchor Fence Co.

(c) Name of employer Anchor Post Fence Co.

9 BIRTHPLACE (city or town) (State or country) Worchester, N. Y.

PARENTS

10 NAME OF FATHER Briggs Waterman

11 BIRTHPLACE OF FATHER (city or town) Worcester (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Lobdell

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) N.Y.

14 Informant Robert Davison (brother-in-law)
(Address) Worcester N.Y.

15 Filed ....., 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to Sept 26, 1928, that I last saw him alive on Sept 26, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Glands right groin

(duration) 0 yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? yes Date of June 18 - 1928

Was there an autopsy? 0

What test confirmed diagnosis? Microscopic exam.

(Signed) Edward Kelly, M. D.

Sept 26, 1928 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairfield, N.Y. DATE OF BURIAL Sept 29, 1928

20 UNDERTAKER John C. Mitchell & Sons ADDRESS 1730 Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

E 37782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-002 E 37782

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 17-51 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth R. Beatty

(a) RESIDENCE NO. 2817 Oak St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Beatty, Jr.

6 DATE OF BIRTH (month, day, and year) June 24 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wilmington, Del

PARENTS

10 NAME OF FATHER Joseph Rhodes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Frances Tatem

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wilmington, Del

14 Informant Husband

(Address) 2817 Oak St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock-Hemorrhage- Rt Ruptured Tubal Pregnancy (Autopsy at Hospital)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. [illegible] M. D.

(Coroner)

19 9/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or [illegible])

At place of death ..... yrs. ..... mos. ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del Date of Burial Sept 27 19 28

20 UNDERTAKER John O Mitchell and Son ADDRESS 901 Delaware Ave

Filed Sep 27 1928 C. HAMPSON JONES, M. D. Registrar

Spec.—1-12-23—M&T—500 Bks.

37783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-50 9 E 37783

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Southern Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza A Thomas

(a) RESIDENCE No. Southern Home ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1846

7 AGE — Years: 82 Months: 8 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Edmonson Md

PARENTS

10 NAME OF FATHER: Mr Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bradley T. McCoy (Address): 406 Houston Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Sept. 24, 1928, that I last saw her alive on Sept 24, 1928, and that death occurred, on the date stated above, at 3:15 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. W. Triplett M. D.

19 (Address) 13 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Cemetery

DATE OF BURIAL: Sept 27 1928

20 UNDERTAKER: [illegible]

ADDRESS: Norfolk Va

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37784 E 37784

CERTIFICATE OF DEATH.

REGISTERED NO. 100-081

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. Maryland St. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Anne Franklin.

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 94 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26 1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	94	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Robson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Home for Incurables

(Address) Hall's Woods Ferry

15 Filed , 19 Registrar

SEP 27 1928 HAMPSON JUNE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Sept 26, 1928, that I last saw her alive on Sept 26, 1928, and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac disease (Auricular fibrillation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Willis, M. D.

, 19 (Address) Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Md. DATE OF BURIAL Sept 28, 1928

20 UNDERTAKER Wm. J. Buckner Sons ADDRESS Rockville

Spec. — 1-10-21 — M&T — 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37785

CERTIFICATE OF DEATH.

90 E 37785

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2907 N North Ave (ST.) 15-67 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Z. Virginia Davis

(a) RESIDENCE NO. 2907 N North Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Apr 23 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Dundee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dr. H. B. Elliott

(Address) 1601 Eutaw Place

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1928.

17 I HEREBY CERTIFY, That I attended deceased from the last 3 or 4 months of 19 ; that I last saw h[illegible] alive on Sept. 23 " 19 28. and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 2 yrs. X mos X ds.

CONTRIBUTORY (Secondary) Marked dyspnoea o[illegible] oedema. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of ∧

Was there an autopsy? No

What test confirmed diagnosis? None other than symptoms. O. H. Hoffman M. D.

(Signed)

9/26 1928 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Sept 28 1928

20 UNDERTAKER J. J. Jackson, Sons — ADDRESS [illegible]

SEP 27 1928 HAMPSON JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37786

CERTIFICATE OF DEATH.

E 37786
REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. N.E. Cor St. Paul + 23rd sts 7-50 St. Ward)

2-FULL NAME Edward A. Rice

(a) RESIDENCE NO. Fredericksburg Va St. Ward
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S., if of foreign birth? yrs mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Loretta W. Rice

6 DATE OF BIRTH (month, day, and year): August 3 - 1873

7 AGE: Years 55 Months 1 Days 22 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Traveling
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman
(c) Name of employer

9 BIRTHPLACE (city or town): Farmville Va
(State or country)

PARENTS
10 NAME OF FATHER: Patrick H. C. Rice
11 BIRTHPLACE OF FATHER (city or town)
(State or country): Va
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Kentucky

14 Informant: Loretta W. Rice
(Address): Fredericksburg Va

15 Filed ..... 19 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest)
thereon and from the evidence obtained by said Inquest
and find that said deceased came to her death (Autopsy or Inquiry.)
on the date stated above.
The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)
9/27, 1928 (Address) 3602 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., 1- ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery
Date of Burial: 9/28 1928

20 UNDERTAKER: Chas. E. Ward & Son
ADDRESS: 1810 Mt Royal Ave

SEP 27 1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 37787 ✓ E 37787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Ford

(a) RESIDENCE NO. 2012 Borden Court ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 35 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Wm. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER Cimic

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant (Address): Hospital Records

15 Filed SEP 27 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-22, 19 28, to 9-26, 19 28

that I last saw h / M alive on 9-26, 19 28

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bleeding Haemorrhoids

C Secondary Anemia

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

3 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) John E. [illegible] M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: sept 30 19 28

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

Spec.—1-10-21—M&T—1500 Blks

E 37788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37788

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 70-28 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ramsay

(a) RESIDENCE NO. 1938 Lemon ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (H) HUSBAND of (or) (W) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1925

7 AGE: Years 3 Months 3 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Hayward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Charles Ramsay 1938 Lemon St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-24, 1928, to 9-26, 1928, that I last saw him alive on 9-26, 1928 and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Brain tumor

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nicholas Friedly, M. D.

, 19 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem DATE OF BURIAL: 9/28/28

20 UNDERTAKER: Temple & Farley ADDRESS: Fulton & Fayette

SEP 27 1928 C. HAMPSON JONES, M.D.

Spec.-7-17-26—A Co.—200 Bks.

E 37789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37789

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kavanaugh.

(a) RESIDENCE NO. 28 N. Slade Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mch. 21 1894

7 AGE: Years 34 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Dennis Kavanaugh

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Caroline Immler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant

(Address) Jenkins Memorial Hospital

15 Filed SEP 27 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 25 : 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to Sep. 25, 1928,

that I last saw him alive on Sep 24, 1928,

and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 4 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Dr. Reinhold M. Ernst M. D.

, 19 (Address) Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dan'l Wedge Cem

Date of Burial: 9/28/28

20 UNDERTAKER: Fogle Talley Fulton

ADDRESS: Fogle

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37790

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (ST.) 25-32 (WARD) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Metzdorf, Catherine

(a) RESIDENCE—NO. 2006 Eloman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Metzdorf

6 DATE OF BIRTH (month, day, and year) March 7, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Theodore Conke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Taschke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James H. Metzdorf (Address) 2006 Eloman St

15 Filed SEP 27 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1928, to Sept 26, 1928, that I last saw h[illegible] alive on Sept 26th, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio vascular disease

(duration) 16 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. C. Jones, M. D.

9/26 1928 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept 29 1928

20 UNDERTAKER: George L. Smith — ADDRESS: 732 Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 37791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37791

CERTIFICATE OF DEATH. 74-001

REGISTERED NO. 21-24

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 McHenry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Klevilzsky (Krivckas)

(a) RESIDENCE NO. 703 McHenry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Klevilzsky

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER John Klevilzsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Anna Gurvc

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania

14 Informant Mary Klevilzsky

(Address) 703 McHenry St.

15 Filed SEP 27 1928 19 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept. 26, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D. (Coroner)

9/26/ 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fowden Park. Date of Burial 9/28 192

20 UNDERTAKER Chas B Buchanan ADDRESS 637 S Pac

Spec.—8-24-14—M. & T.—2000 Bks.

E 37792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37792

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2008 FEDERAL St.) 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME MRS. ANNA E. SCHROETER

(Residence in Baltimore: No. 2008 FEDERAL St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, July (Month) 19 (Day) 1860 (Year)

7-AGE, 68 yrs. 2 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Housewife)
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Theodore H. Hazzard

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa

12-MAIDEN NAME OF MOTHER Amanda F. Stuch

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Merkle

(Address) 2008 E. Federal st.

15- SEP 27 1928 C. HAMPSON JONES, M. D.

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 25 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928, to Sep. 25, 1928, that I saw h[illegible] alive on Sep. 25, 1928, and that death occurred, on the date stated above, at 1030A m.

The CAUSE OF DEATH* was as follows:

Chronic

Myocarditis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 1 yrs. mos. ds.

(Signed) John R. Abercrombie M. D.

Sept 25, 1928 (Address) 352 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County. DATE OF BURIAL, Sept. 28, 1928

20-UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37793

160

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. 98-69

CITY OF BALTIMORE: (No. 33d & Calvert ST.) (WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Betz

(a) RESIDENCE NO. 51 N. Catherine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 21 1928

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER John Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Freda Hohenwarter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mother

(Address)

Filed SEP 27 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-31, 1928, to 9-25, 19 28.

that I last saw h alive on 9-25, 19 28

and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? clinical picture

(Signed) J. H. K. Swarthout M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemtry	Sept 27 1928
20 UNDERTAKER John A. Mann	ADDRESS 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37794

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 E. Balto. ST., 16 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

2—FULL NAME Frank Boznango

(a) RESIDENCE NO. 3508 E Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Boznango

7 DATE OF BIRTH (month, day, and year) Oct 27/83

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Salisbury Md.

10 NAME OF FATHER John Boznango

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Margaret C. Boznango

(Address) 3508 E. Balto St

Filed SEP 27 1928, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 19 28, to Sept 25, 19 28

that I last saw h[illegible] alive on Sept 25, 19 28

and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Sept 26/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. S. Gurry, M. D.

9/26/28 (Address) 622 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL 9/28 19 28

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Spec.-7-17-26-A Co.-200 Bks.

E 37795 . HEALTH DEPARTMENT—CITY OF BALTIMORE E 37795

CERTIFICATE OF DEATH

49

1-PLACE OF DEATH

REGISTERED NO. 26-37

City of BALTIMORE: (No. Maryland Gen'l Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred G. Lehmann

(a) RESIDENCE NO. Cor. Easton Ave & 30th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Molly B. Lehmann

6 DATE OF BIRTH (month, day, and year): 9-27-28

7 AGE: Years 55 Months 11 Days 17 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of Industry, business, or establishment in which employed (or employer): Installs Oil burners.

(c) Name of employer: Himself

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Ferdinand Lehmann

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fredericka Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Record (Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 9-27-28

17 I HEREBY CERTIFY, That I attended deceased from 8-31-28, 19—, to 9-27, 19 28, that I last saw h[illegible] alive on 9-27, 19 28, and that death occurred, on the date stated above, at 3:46 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Head of the Pancreas.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): General Toxemia

(duration) ..... yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 9-4-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Hampson M. D.

19 (Address) 1726 Eutaw Place

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 9/30 19 28

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Pulaski St.

Very important. See instructions on back of certificate.

GEO. HAMPSON JONES, M. D.

Spec. 7-17-25 A Co. 200 Bks.

E 37796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37796

1-PLACE OF DEATH Leonardtown — REGISTERED NO. 27-58

City of BALTIMORE: (No. 3300 Dupont ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Matilda Barry

(a) RESIDENCE NO. 3300 Dupont ave St. Ward

(Usual place of abode) Baltimo (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Barry

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 71 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: George W. Sherwood

11 BIRTHPLACE OF FATHER (City or town): Talbot Co

(State or country) md

12 MAIDEN NAME OF MOTHER: Mary Hardesty

13 BIRTHPLACE OF MOTHER (city or town) Ann Arundel Co

(State or country) md

14 Informant: Mrs Sarah E Bathon

(Address) 3322 Dupont ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 27th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to Sept 27th, 1928, that I last saw h[illegible] alive on Sept 27th, 1928, and that death occurred, on the date stated above, at 5-20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas, M. D.

9.27, 1928 (Address) 3043 St. Paul st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Patapsco MD — Date of Burial 9/29 1928

20 UNDERTAKER: Mrs Mary Lyon — ADDRESS Lutherville Md

Very Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37797

E 37797

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 Block E Chase St. 76-34 Ward 1705)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Police Dept

(Address)

15 Filed 19 28828

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in forehead
(Suicide)

over

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Bruce, M. D.
(Coroner)

9/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial SEP 29 1928 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health.

Cor.—12-9-25—A Co.—200 Bks.

E 37798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37798

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. [illegible] Ward)

2-FULL NAME Sterling Woodley

(R) RESIDENCE NO. Colgate P.O. Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: B.

5 Single, Married, Widowed, or Divorced. (write the word): Sin

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: Years 45? Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town): Unk

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19 2829 Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 24 1928

17. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Acc Fract of Neck Acc Poison

(duration) yrs. mos. 2 ds.

CONTRIBUTORY Stock

(Secondary)

(duration) yrs. mos. ds.

Signed 9/26/28 [illegible] M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial , 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND SEP 27 1928

Commissioner Health.

Cor.—12-9-25—A; Co.—200 Bks.

E 37799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

No 37799

205-002

1-PLACE OF DEATH Found City Hospital Field

REGISTERED NO.

City of BALTIMORE: (No. Unknown St. 4-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "

(a) RESIDENCE NO. " St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years about 70 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

THE MORGUE—CITY Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21 192 8

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Unknown death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Unknown

(duration) yrs. mos. ds.

(Signed) G. B. Blades M. D.

(Coroner)

2-26, 19 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER Commissioner Health. ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 37809

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 W 37800

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Lupscomb ST. 4-26 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilly V. Tillson

(a) RESIDENCE NO. 729 Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city nr town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Tillson

6 DATE OF BIRTH (month, day, and year): 6/19/94

7 AGE — Years: 34 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Lipscomb, Rooney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records (Address)

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-26-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-14, 1928, to Sept-26, 1928, that I last saw h[illegible] alive on Sept-26, 1928 and that death occurred, on the date stated above, at 2 05 p m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever (duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 729 W. Mulberry St - While nursing Son.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harold Finkelstein, M. D.

Sept 27 1928 (Address) 1 West Hoffman Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 9-27 1928

20 UNDERTAKER: Daniel Easton — ADDRESS: 916 Penna Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37801

CERTIFICATE OF DEATH.

3/ E 37801.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Hopkins Hospital St. 19-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Barber

(a) RESIDENCE NO. 508 N. Stockton St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	simgle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9/25

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	3	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Barber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Nettie Hardon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant father

(Address)

15 Filed_____, 19____ 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritracheal Tuberculosis

Pulmonary Tuberculosis?

(Autopsy at Hopkins Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed_____, M. D.

(Coroner)

9/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 9-27 1928

20 UNDERTAKER Daniel Easter ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 37802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37802

CERTIFICATE OF DEATH

54

1—PLACE OF DEATH

REGISTERED NO. 1928

CITY OF BALTIMORE: (No. Providence Hospital ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Smith

(a) RESIDENCE NO. 830 Cloney St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Williams Waddy

(Address) 1522 Rosemont ave

Filed 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1928, to Sept 25, 1928, that I last saw her alive on Sept 24, 1928 and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Uremia.

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Acute Nephritis + Pellagra

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. Finding

(Signed) John W. Graham, M. D.

(Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9-27 1928

20 UNDERTAKER: Daniel Easton

ADDRESS 916 Mt

Cor.—12-9-25—A Co.—200 Bks. Henrietta Osborne Crane

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37803

CERTIFICATE OF DEATH.

90 E 37803

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 237 E. Lanvale St. 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henriette Osborne Crane

(a) RESIDENCE NO. 237 E. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
February 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	72	7	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Chestertown

(State or country) Kent County, Md.

PARENTS

10 NAME OF FATHER William Bowers Crane

11 BIRTHPLACE OF FATHER (city or town) Kent County

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Henriette Osborne

13 BIRTHPLACE OF MOTHER (city or town) Kent County

(State or country) Maryland

14 Informant William Bowers Crane
(Address) 1 Park Avenue

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 September 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) H. C. Smith M. D.
(Co.)
(Address) 1708 North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER Joseph B. Cook ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37804

CERTIFICATE OF DEATH.

E 37804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hilldale, Balto St.; 78-25 (Ward)

REGISTERED NO. C 161

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Baby Davis"

(Residence in Baltimore: No. Hilldale, Balto St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH. Sept 26, 1928 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 7½ hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Hilldale, Balto

PARENTS.

10-NAME OF FATHER, Amos A. Davis

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co.

12-MAIDEN NAME OF MOTHER Grace M. Burke

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Amos A. Davis

(Address) Hilldale, Md.

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1928, to Sept 27 1928, that I saw h... alive on Sept 26 1928, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Difficult Birth, Baby
was unconscious when
born, Heart very weak and
soon died, lived only 7½ hours

(Duration) ....yrs. ....mos. ....

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. J. Eberhart M. D.

Sept 27, 1928 (Address) Woodlawn Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL, Sept 28, 191...

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Baltimore St.

Spec. 1-10-21 M&T 1500 Blks.

E 37805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37805

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1632 N. Appleton ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Milhiser

(a) RESIDENCE NO. 1632 N Appleton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Milhiser

6 DATE OF BIRTH (month, day, and year): June 20 1856

7 AGE: Years 72 Months 3 Days 6 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Max Hoffenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't know 9/29

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Joseph Milhiser 1632 N Appleton St

15 Filed ... 19 ... Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Sept 26, 1928, that I last saw h alive on Sept 24, 1928, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) X yrs. X mos 3 ds.

CONTRIBUTORY (Secondary): Diabetes, Myocarditis

(duration) 10 yrs. X mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Edick Abbott, M. D.

1928 (Address) 855 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fisher Friendship

DATE OF BURIAL: Sept 28 1928

20 UNDERTAKER: J. Ahern & Co

ADDRESS: 2432 Eastern Ave

FROM EVERY important See INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.-7-17-26—A Co.—200 Bks.

E 37806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37806

CERTIFICATE OF DEATH

45

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1707 Jefferson St. 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amalia M. Sweitzer

(a) RESIDENCE NO. 1707 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John C. Sweitzer

6 DATE OF BIRTH (month, day, and year): April 3 1856

7 AGE: Years 72 Months 5 Days 21

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER: John C. Lohman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Warma

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Emma M. Coy

(Address) 512 N. Washington St.

15 Filed ..... 19 ..... Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2 1928 to Sept. 24 1928 that I last saw her alive on Sept. 23 1928 and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

1) Strangulated Hernia Rt. Inguinal

2) Carcinoma of Colon

(doration) 2 yrs. ? mos. 13 ds.

CONTRIBUTORY (Secondary) Starvation Acidosis

(doration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No date of Refused

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippy, M. D.

(Address) 4329 Pattison St. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: Sept. 28, 28

20 UNDERTAKER: Fred'k Lassahn Sons ADDRESS: Fullerton

Very important. See instructions on back of certificate.

928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37807

CERTIFICATE OF DEATH

E 37807

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 6130 N. Belair Road ST., 22 Ridgebury WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine E Fitch

(a) RESIDENCE NO. 6130 N. Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of John F Fitch Jr.

DATE OF BIRTH (month, day, and year) April 27th 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Henry Koch

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant John F Fitch Jr

(Address) 6130 N. Belair Road

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 28 to Sept 26, 19 28

that I last saw h alive on Sept 26, 19 28

and that death occurred, on the date stated above, at 12:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver & Peritoneum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of Aug 28

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) J. W. Bucka M. D.

9-27-28 (Address) 809 N. Mad Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Sept 28 19 28
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Sons	Fullerton

C. HARRISON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37808

CERTIFICATE OF DEATH.

90 E 37808

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3500 E. Biddle St St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. A. Wheatley

(a) RESIDENCE NO. 3142 Fait Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wheatley

6 DATE OF BIRTH (month, day, and year) March 28/1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	62	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Continental Can Co.

9 BIRTHPLACE (city or town)

(State or country) Oriole, Md.

PARENTS

10 NAME OF FATHER Wm. A. Wheatley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Somerset Co., Md.

12 MAIDEN NAME OF MOTHER Annie Ross

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Somerset Co., Md.

14 Informant Louis E. Kennedy

(Address) 840 S. East Ave

15 Filed_____ 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

9/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Sept-28, 28

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1st N. Broadway

1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37809

100-001

E 37809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 717 Bond St

City of BALTIMORE: (No. [redacted] St. ___ Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacub Jaraszewski

(a) RESIDENCE NO. [redacted] 717 S Bond St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 24 1883

7 AGE: Years 45 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Jacub Jaraszewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John Szymanski

(Address) 717 S Bond St.

15 Filed ....., 19 .....

1928 C. Edmund Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut [illegible] Throat

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

9/27/28 , 19 (Address) 430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Dale of Burial Sept 29 1928

20 UNDERTAKER John M Weber ADDRESS 401 Chester

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37810

CERTIFICATE OF DEATH.

172 E 37810

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2301 St. Paul St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marietta Andre

(a) RESIDENCE NO. 2021 St. Paul St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delaware C. Andre

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Donovan

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Stansbury

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Delaware C. Andre

(Address) 2021 St. Paul Street

15 Filed _____ 19____ _____ Registrar

1928 ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death

on the day stated above.

The CAUSE OF DEATH was as follows:

Fractured Skull

Fall from 3rd Story House

Suicide.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Probably Demented

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) John Fotterall M. D.

(Coroner)

9/27 1928 (Address) 3132 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Green Mount Cemetery	9/28 19 28

20 UNDERTAKER Henry H. Mears & Son ADDRESS 805 N. Calvert

Any imperfection see instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37811 E 37811

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2708 Boston St., 1-3 Ward)

2-FULL NAME Mary M. Doughtery

(a) RESIDENCE NO. 2708 Boston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oscar Doughty

6 DATE OF BIRTH (month, day, and year): May 17, 1880

7 AGE: Years 48 Months 4 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Peter Conry

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Anna Stanton

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Mrs Mary Bigler

(Address): 3705 Cedar Place

15 Filed 19 Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Broken Compound (duration) yrs. mos. 7 ds.

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

(Address) 1431 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem, Harford Rd Date of Burial Sept. 29, 1928

20 UNDERTAKER: John A. Moran ADDRESS: 3000 East Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37812

CERTIFICATE OF DEATH

47 E 37812

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3921 Falls Road ST., 13 WARD)

2—FULL NAME Flora E. Lee

(a) RESIDENCE NO. 3921 Falls Road ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Lee

DATE OF BIRTH (month, day, and year) March 21-1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	6	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

10 NAME OF FATHER Oliver C. Fonwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant John E. Lee

(Address) 3921 Falls Road

Filed ....., 19 .....

Per ..... Registrar

(C. HARRISON JONES, M. D.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 -, 1928, to Sept 26 1928

that I last saw h[illegible] alive on Sept. 26 1928

and that death occurred, on the date stated above, at 9 45 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. 5 mos. ds.

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? yes Date of Jan 9. 1928

Was there an autopsy? no

What test confirmed diagnosis? clinical & microscopic

(Signed) Edwin F. Kelly, M. D.

(Address) 601 Donnell Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	Oct. 28 1928
20 UNDERTAKER	ADDRESS
Horace A. Burgee	1st Falls Rd.

Spec.—2-29-28—L. F. S.—500 Bks.

Bond

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37813

CERTIFICATE OF DEATH

E 37813

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 704 Gorsuch Ave. ST., 9-4b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Henry Bond

(a) RESIDENCE NO. 704 Gorsuch Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Laura C. Bond

7 DATE OF BIRTH (month, day, and year) Sept. 23, 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	-	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City

(State or country) New York

10 NAME OF FATHER George W. Bond

11 BIRTHPLACE OF FATHER (city or town) England

(State or rountry)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

Informant Mr. C. Henry Bond

(Address) 704 Gorsuch Ave.

Filed SEP 28 1928, 19 C. HARRY JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....,

that I last saw h... alive on ....., 19....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Senile Debility

Contributory Chronic Nephritis

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY .....

(Secondary)

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contrarted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ....., M. D.

....., 19 (Address) 725 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suiridal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Sept. 28, 19 28
20 UNDERTAKER Joseph Cook	ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37814

CERTIFICATE OF DEATH

46

E 37814

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1711 Rutland Ave ST., 8-17 WARD)

2—FULL NAME Dora V. Goetz

(a) RESIDENCE NO. 1711 Rutland Ave ST., WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Goetz

6 DATE OF BIRTH (month, day, and year) April 12 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co. Md

10 NAME OF FATHER William H. Hunt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Sarah Pearce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md

Informant Mr. George H. Goetz

(Address) 1711 Rutland Ave

Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Sept 27, 1928, that I last saw h[er] alive on Sept 26, 1928 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Toxic absorption

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Jacobi M. D.

9/27, 1928 (Address) 413 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cemetery (Catonsville) DATE OF BURIAL: Sept. 30 1928

20 UNDERTAKER: Henry Haeck Son ADDRESS: 1301 E Eutaw St

S. HAMPSON JONES, M. D.

SEP 28 1928

Registrar

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Demings- 2314 E 15th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37815

CERTIFICATE OF DEATH

90

REGISTERED NO. E 37815

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Clemmer ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Bolland

(a) RESIDENCE NO. 305 Clemmer ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam Bolland

DATE OF BIRTH (month, day, and year) May 5, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant John Light

(Address) 305 Clemmer St

Filed ..... 19 ..... Registrar

E. L. PERSONS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927 to Sep. 26, 1928, that I last saw her alive on Sep 23, 1928 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Persons M. D.

9.26 1928 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Sept 28 1928
20 UNDERTAKER	ADDRESS
Mock	522 Park Ave

Spec.–7-17-26—A Co.—200 Bks.

See Letter on file from Dr Lynch dated 4/6

HEALTH DEPARTMENT / CITY OF BALTIMORE

E 37816

CERTIFICATE OF DEATH

E 37816

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2702 Fairmount Ave St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mendes L. Parran

(a) RESIDENCE NO. 2702 Fairmount Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilson A Parran

6 DATE OF BIRTH (month, day, and year): Nov 15 1875

7 AGE: Years 53 Months 5 Days 10

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co (State or country) Md

PARENTS

10 NAME OF FATHER: Isaac Ridinger

11 BIRTHPLACE OF FATHER (City or town): Carroll Co (State or country) Md

12 MAIDEN NAME OF MOTHER: Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town): Carroll Co (State or country) Md

14 Informant: Irene L. Parran

(Address) 2702 Fairmount Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 19 28

17 I HEREBY CERTIFY, That I attended deceased from June, 19 28, to Sept, 19 28, that I last saw h.. alive on Sept 25, 19 28, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Coronary of Cardiac end of Sentinal

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) A. C. Schmidt, M. D.

Sept 26 19 28 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisterstown. M. E — Date of Burial: Sept 25 19 28

20 UNDERTAKER: Hudson Cook — ADDRESS: 502 North Ave.

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37817

CERTIFICATE OF DEATH

45 E 37817

1—PLACE OF DEATH Balto. & Chester Sts.

REGISTERED NO.

CITY OF BALTIMORE: (No. Jewish Home for Incurabl ST., 18-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Rachael Fabisch

(a) RESIDENCE NO. 1109. Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Fabisch

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70	Unknown			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hosp. Records.

(Address)

Filed SEP 23 1928 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27th. 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 28, to Sept 27, 19 28

that I last saw h alive on Sept 26, 19 28

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Latterner M. D.

19 (Address) 1810 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	9/ / 19 28
20 UNDERTAKER Ward Sandbu	ADDRESS Fulton Ave

Spec.—1-12-23—MAT—500 Bks.

E 37818 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables (St.) (Ward)

REGISTERED NO. 13-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma P. Hodges

(a) RESIDENCE NO. # 39 Wyndhale Ave (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Arthur Hodges

6 DATE OF BIRTH (month, day, and year): Oct 29 58

7 AGE — Years: 69 — Months: 9 — Days: 2 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Barney B. Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bristol England

14 Informant: Arthur Hodges

(Address): 39 Wyndhale Ave

15 Filed SEP 28 1928 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Sept 26, 1928, that I last saw her alive on Sept 26, 1928, and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): arteriosclerosis senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Willis M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet cemetery — DATE OF BURIAL: 9/29 1928

20 UNDERTAKER: H. M. Courtenay — ADDRESS: 22 38th

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37819 X 65-09 E 37819

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp. Baltimore

City of BALTIMORE: (No. 11-24 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Davis

(a) RESIDENCE NO. Brunswick Md St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Davis

6 DATE OF BIRTH (month, day, and year) 7-18-82

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Frederick Md.

(State or country)

PARENTS

10 NAME OF FATHER Franklin Davis

11 BIRTHPLACE OF FATHER (City or town) Frederick

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Coblentz

13 BIRTHPLACE OF MOTHER (city or town) Fredericktown

(State or country) Maryland

14 Informant Hospital Record

(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-28-28

17 I HEREBY CERTIFY, That I attended deceased from 9-20- 19 25 to 7-28 19 28

that I last saw him alive on 9-28 19 28

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Watkins Davis M. D.

(Address) Md Gen'l. Hospital

9/28/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Oct 1 1928

20 UNDERTAKER J. F. Elvie ADDRESS Reisterstown Md

Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

LACER

E 37820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37820

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 160

CITY OF BALTIMORE: (No. 23d & Calvert ST., 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Lacer

(a) RESIDENCE NO. 1610 Marshall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER LeRoy Lacer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophie Conaway

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Mother

(Address) 1610 Marshall.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Sept 26, 1928, that I last saw him alive on Sept 26, 1928 and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

(a) Marasmus

(duration) 4 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace L. Swinborne M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 9/28 1928

20 UNDERTAKER J. F. Ila & Cully

ADDRESS 130 E Fort

Spec.—1-12-23—M&T—500 Bks.

E 37821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37821

CERTIFICATE OF DEATH.

43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-37 WARD)

2-FULL NAME George Schiesslei

(a) RESIDENCE NO. 315 So. 15th ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 10 68

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
60	60	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Schiesler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Kate ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant .....
(Address) Hospital Records

15 Filed SEP 28 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8-24 19 28 to 9-27 19 28

that I last saw him alive on 9-27 19 28

and that death occurred, on the date stated above, at 7 17 m.

The CAUSE OF DEATH* was as follows:

Carcinoma floor of mouth
Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
1 day (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9-10-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 9/29 19 28

20 UNDERTAKER Philip Henry

ADDRESS 206 Orleans St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37822

CERTIFICATE OF DEATH.

37 E 37822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp (St.) 1-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredrick Fritsch

(a) RESIDENCE NO. 915 South Ellwood Ave (St.) 1 (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie K. Fritsch

6 DATE OF BIRTH (month, day, and year): Aug 29th 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman of Meat & vegetables

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles Fritsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Ella Nordbrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Marie K. Fritsch Wife 915 S. Ellwood ave.

15 Filed SEP 28 1928 (19) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 1928

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to Sept. 26, 1928

that I last saw him alive on Sept. 26, 1928,

and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

& diabetes mellitus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) M B Hendrix, M. D.

19 28 (Address) Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Sept 29th 1928

20 UNDERTAKER: Lilly & Zeller Inc.

ADDRESS: 403 S Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

E 37823

HEALTH DEPARTMENT—CITY OF BALTIMORE

36-005 E 37823

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinia Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H. Herr

(a) RESIDENCE NO. 919 E. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Herr

6 DATE OF BIRTH (month, day, and year) Aug 4-1889

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	39	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Lax Herr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ray Kellert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

15 Filed SEP 28 1928 19 H. HOOD JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Odema-Myocarditis
Cardiac valv.(Aortic) Insufficiency
Tubercular Abcess Rt. Kidney
(Autopsy at Sinai Hospital)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Gallen M. D.
(Coroner)

9/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos., ...ds. In the State ....yrs.. ....mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run. Date of Burial: 9-29-1928

20 UNDERTAKER: Jack Lewis, ADDRESS: 1439 E. Balto.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37824

CERTIFICATE OF DEATH

3 E 37824

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 W. Lanvale St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Thompson

(a) RESIDENCE NO. 1520 W Lanvale St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Thompson

6 DATE OF BIRTH (month, day, and year) 2-23-1905

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	23	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richland (State or country) S. C.

PARENTS

10 NAME OF FATHER Mary Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Miss Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Leroy Thompson (Address) 1520 W. Lanvale St.

15 Filed SEP 28 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-1928

17 I HEREBY CERTIFY, That I attended deceased from 8-23-, 1928, to 9-27-, 1928, that I last saw her alive on 9-27-, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary phthysis

(duration) yrs. 5 mos. 27 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank A. Saunders, M. D.

9/27/1928 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winchester Va. Date of Burial 9-30 1928

20 UNDERTAKER Sam'l E. Chaselton ADDRESS 400 Mosher

Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

37825½ HEALTH DEPARTMENT—CITY OF BALTIMORE E 37825

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 8-12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grace Yates

(a) RESIDENCE NO. 2116 Llewelyn Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col- | 5 Single, ~~Married, Widowed,~~ or Divorced. (write the word): Child

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18-20

7 AGE: Years 8 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none old
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Harry Yates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Willie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Parents
(Address)

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-27-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-25, 1928, to Sept-27, 1928, that I last saw her alive on Sept-27, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart disease
Mitral insufficiency
Myocardial failure

(duration) yrs. 2 mos. ? ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James A. Miller, M. D.

9/28, 1928 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount Va. | DATE OF BURIAL: Sept 29 1928

20 UNDERTAKER: Jam's H. Chase & Son | ADDRESS: 1400 Mosher Ave

Spec. 1-10-21 M&T 1500 Blks.

E 37826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 E 37826

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 10-14 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph W. Kershaw

(a) RESIDENCE NO. 911 E. Preston ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Regis

6 DATE OF BIRTH (month, day, and year) May 5, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore and Carolina Steamship Co

9 BIRTHPLACE (city or town) (State or country) Charles County Maryland

PARENTS

10 NAME OF FATHER John Kershaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Maryland

12 MAIDEN NAME OF MOTHER Mary E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Maryland

14 Informant (Address) F. Nicholas Kershaw 911 E. Preston Street

15 Filed SEP 29 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928, to Sept 27, 1928, that I last saw h[illegible] alive on Sept 27, 1928, and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

I Acute nephritis with an abscess

II septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical p. m.

(Signed) W B Hendrix, M. D.

, 19 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 9/29 1928

20 UNDERTAKER Henry U. Mears

ADDRESS 805 N Calvert

C. HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 124 E 37827

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6048 S. Luzerne av. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Hutson

(a) Residence No. 6048 S. Luzerne av. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M Hutson

6-DATE OF BIRTH (month, day and year) Oct 26. 1853

7-AGE. 72 yrs. 11 mos. ds.

If LESS than 1 day ....hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md.

PARENTS

10-NAME OF FATHER Edward Murphy

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER, Julia Carroll

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

11- (Informant) Georgia Hutson

(Address) 6048 S. Luzerne Ave

15- Filed DEC 29 1928 192 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 26. 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13 1928 to Sept. 26 1928

that I last saw h[illegible] alive on Sept. 26 1928

and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Myocardial Insufficiency

Asthma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur Kenton M.D.

, 19 (Address) 3539 Eastern Ave. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cemetery

DATE OF BURIAL. Sept. 30 1928

20-UNDERTAKER Henry Sander & Sons, Inc

ADDRESS Baltimore St + Broadway

Spec. 1-15 E 37828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37828

100-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE: (No.) Balto Md (ST.) 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Smith

(a) RESIDENCE NO. 2021 Arlano (ST.) X WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie Smith

6 DATE OF BIRTH (month, day, and year) April 7. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Dorothy Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Balto City Hosp Balto Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 1925

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1925, to 9-27, 1925, that I last saw him alive on 9-27, 1925, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test of confirmed diagnosis?

(Signed) Harry Goldstein M.D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Point Virginia

DATE OF BURIAL Sept 28 1925

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

Spec.—1-12-23—M&T—500 Blks.

E 37829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37829

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospt

CITY OF BALTIMORE: (No. 1 Balto Md ST. 76-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Allen

(a) RESIDENCE NO. Unknown ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospt Balto Md

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-3 1928 to 9-26 1928

that I last saw her alive on 9-25 1928

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Intestinal Hemorrhage

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis W/ Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Wm. H. Brumm M. D.

9-26 1928 (Address) 1 Belt Unit Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, A. A. Co. Md

DATE OF BURIAL: 9-29 1928

20 UNDERTAKER: Chas. L. Sterner.

ADDRESS: 1107 E Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 37830 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37830

CERTIFICATE OF DEATH.

REGISTERED NO. 101 - 00E

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 George ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Thomas

(a) RESIDENCE NO. 618 George Ave ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? 90 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 90				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret R. Jewel
(Address) Frederick

15 Filed SEP 28 1928 19 C. HAMPSON JONES, M. D. Registrar
By Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27. 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 24 1928 to Sept 28 1928

that I last saw h[illegible] alive on Sept 27 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

(a) Pneumonia Lobar

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) (b) Chronic

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Frowler, M. D.

SEP 28 1928 (Address) 712 S. Stricker Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick City Laboring Men Cem

DATE OF BURIAL Sept 30 1928

20 UNDERTAKER E. M. Snyder

ADDRESS Frederick

Spec.—1-12-23—M&T—500 Blks.

E 37831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37831

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 25-324

CITY OF BALTIMORE: (No. ST. 25 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Williams

(a) RESIDENCE NO. 408 Maryland ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) "
12 MAIDEN NAME OF MOTHER "
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

C. HAMPSON JONES, M.D.
SEP 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-8 , 1921 , to 9-27 , 1928 ,
that I last saw him alive on 9-27 , 1928
and that death occurred, on the date stated above, at 4:45 P. m.
The CAUSE OF DEATH* was as follows:
Myocarditis, acute

(duration) yrs. mos 3 ds.
CONTRIBUTORY (Secondary) Myocarditis Chronic
(duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Amputation of left leg in 1921 for sarcoma of Tibia Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical exam

(Signed) H. M. Slack, M. D.
, 19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cem. DATE OF BURIAL Sept 28th 1928

20 UNDERTAKER John J. Fields ADDRESS 1200 N. Lombard

Spec.—2-29-28—L. F. S.—500 Bks.

E 37832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 37832

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion Smith

(a) RESIDENCE NO. Essex — Ind ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Mulatto	Baby

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8 Months	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

10 NAME OF FATHER Marion Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Lennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Ward

(Address) HOPKINS HOSPITAL

Filed SEP 29 1928 Registrar

E. LIBMAN JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-27-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-21, 1928, to Sept-27, 1928, that I last saw h alive on Sept-27, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Dysentry

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool Culture + autopsy

(Signed) E. C. Good[illegible] M. D.

9/27, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cem. Stemmers Run

DATE OF BURIAL 9/29/1928

20 UNDERTAKER John G. Connelly

ADDRESS Essex

Spec.—1-12-23—M&T—500 Blks.

DAVIS

E 37833 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Eden ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Davis

(a) RESIDENCE No. 1221 N. Eden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. | How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Davis

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE — Years: 58 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Minnie Davis

(Address) 1221 N. Eden St.

15 Filed SEP 30 1928 19 — Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Sept 27, 1928, that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9/27 19 28 (Address) 1601 Jefferson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem.

DATE OF BURIAL: 9-29 19 28

20 UNDERTAKER: Byrom & Krieger

ADDRESS: 128 N. Eden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37834

CERTIFICATE OF DEATH.

8-17 19 4

E 37834

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 8-17 WARD)

2-FULL NAME Bernard Behrens

(a) RESIDENCE NO. 1607 E. Preston St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Behrens

6 DATE OF BIRTH (month, day, and year) Feb 29/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Yeast.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Bernard Behrens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Theresa Long.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary M. Behrens (Address) 1607 E. Preston St.

15 Filed SEP 26 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27/28. 19

17 I HEREBY CERTIFY, That I attended deceased from 9/26/28. , 19 , to 9/27/28. , 19 , that I last saw him alive on 9/27/28. , 19 , and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of heart (duration) ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Irving J. Fittman M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Oct. 1 1928

20 UNDERTAKER Geo. J. Ruth ADDRESS 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 37835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 37835

REGISTERED NO.

1—PLACE OF DEATH Gregatown Rd

CITY OF BALTIMORE: (No. 2627 Gor Town Rd St.) (WARD) 25-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Krenk

(a) RESIDENCE NO. 2627 Gor Town Rd St.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 4yr mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 16 1925

7 AGE: Years | Months: 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Chas W Krenk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Krenkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas W. Krenk

(Address) 2627 Gor. Town Rd

15 Filed ..... 19 .....

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1928 to Sept 27 1928

that I last saw h alive on Sept 27 1928

and that death occurred, on the date stated above, at 11-15 a.m.

The CAUSE OF DEATH* was as follows:

Cholera Enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Geo Brokeffer M. D.

Sept 28 1928 (Address) 24 S 24th East Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept. 30 1928

20 UNDERTAKER: H Cook — ADDRESS: 502 E Fay Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37836

CERTIFICATE OF DEATH.

90 E 37836

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 N. Gilmore St. 14-27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Bennett

(a) RESIDENCE NO. 110 N Gilmore St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Bennett

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry Girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Gertrude Smallwood

(Address) 110 N. Gilmore St.

15 Filed _____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Chas F Brooke M. D.

(Coroner)

, 192_ (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Sept 29 1928

20 UNDERTAKER Mrs. Kate R. Williams ADDRESS 322 N. Schroeder St

Very Important. See instructions on back of certificate.

8 1928 C. Thompson Jones M. D.

Spec.—1-12-23—M&T—500 Bks.

E 37837 ✓ E 37837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 25-72 St., ... WARD)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. Mt Hope Retreat ..... ST., ... WARD .....

(Usual place of abode) Asylum (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year).

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Mt Hope Friends (Address) Mt Hope Retreat

15 Filed SEP 28 1928 C. HAMPSON GRIMES M.D. Registrar

American Ry Express

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Sept 28, 1928, that I last saw h alive on Sept 27, 1928, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Chronic or acute)

(duration) ..... yrs. ..... mos 4 ..... ds.

CONTRIBUTORY (Secondary) Senile deterioration unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Germantown Pa

DATE OF BURIAL 9-29-28.

20 UNDERTAKER M. Fahey & Sons

ADDRESS 1827 N North Ave

Spec.—1-12-23—M&T—500 Blks.

E 37838 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37838

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 11-E-Chase-St ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Brün Rennert

(a) RESIDENCE No. 11-E-Chase-St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 80 yrs 0 mos 0 ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Rennert

6 DATE OF BIRTH (month, day, and year) Apr 10 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) not known Alsace Lorraine

PARENTS

10 NAME OF FATHER Mr. Brün

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) France

12 MAIDEN NAME OF MOTHER Ulmer ? ? 4/C 22 19 15

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Germany

14 Informant Dr. J. F. Crouch (Son-in-law) (Address) 11-E-Chase St

15 Filed 8 1928 C. HAMPSON JOHNSTON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26th 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 8 1928 to Sept 26th 1928, that I last saw her alive on Sept 8 1928, and that death occurred, on the date stated above, at 5:20 p m

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular
Acute Dilatation of Heart

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary) Senility

(duration) — yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. F. Crouch, M. D.

(Address) 3 [illegible] St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pisgah Cemetery DATE OF BURIAL Sept 29 1928

20 UNDERTAKER Stewart & Hooper Co ADDRESS 1084 North

Spec.—1-10-21—M&T—1500 lbs.

E 37839 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37839

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1217 N Broadway St. 8-13 75 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Schneider

(a) RESIDENCE No. 1217 N Broadway St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	American	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Henry H Schneider

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Hupfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Hupfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Laura L Schneider

(Address) 1217 N Broadway

15 Filed ... 19 ... Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8 1928 to Sept 27 1928

that I last saw her alive on Sept 25 1928

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Gross.

(Signed) ... M. D.

, 19 (Address) 5913 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 29 1928

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.--2-29-28—L. F. S.—500 Blks.

E 37840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 E 37840

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 15-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Mc Cann

(a) RESIDENCE NO. 2510 Ellamont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 6th 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER J. Bayley Mc Cann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Gertrude Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Gertrude Mc Cann

(Address) 2170 Ellamont Ave.

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Sept 27, 1928, that I last saw him alive on Sept 27, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Hip

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Lumbar Puncture

(Signed) Myron G. Tull, M. D.

9/27, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary Cemetery Govans	Sept 29 1928
20 UNDERTAKER	ADDRESS
Mary M. Nuthfield	501 E. 22nd

Cor.—12-9-25—A Co.—200 Bks.

E 37841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37841

CERTIFICATE OF DEATH.

1430

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clyde Edwards

(a) RESIDENCE NO. Baldwin, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cleo Edwards

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N.C.

PARENTS

10 NAME OF FATHER L. L. Ganvill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER xxxxx Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Cleo Edwards (husband)

(Address) Baldwin, Md.

15 Filed 19

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Subacute & Chr. Nephritis

Cardiac Hypertrophy

(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Recent Spontaneous Abortion

(duration) yrs. mos. ds.

(Signed) J. S. Bailey M. D.

(Coroner)

9/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sparta N. C.

Date of Burial Sept 29th 28

20 UNDERTAKER Harry A. Witzke

ADDRESS 1531 W Lombard St

Very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37842

CERTIFICATE OF DEATH

E 37842

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Walzl

(a) RESIDENCE NO. 714 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Walzl

6 DATE OF BIRTH (month, day, and year): December 3—1866

7 AGE: Years 61 Months 9 Days 24 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nat. Home

(b) General nature of indostry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Patrick Mc Colgan

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Lyman

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant: John H. Walzl

(Address) 714 Madison Ave

15 Filed ... 19 ... Registrar

8 1928 C. HAMPSON JONES, M. D.

RRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/27/28 19

17 I HEREBY CERTIFY, That I attended deceased from 9/18/28 19 to 9/27/28 19

that I last saw her alive on 9/27/28 19

and that death occurred, on the date stated above, at 11½ a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. S. Arnold M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery Date of Burial 10/1 1928

UNDERTAKER: Chas. E. Sauer & Son ADDRESS 1180 W. Royal Ave

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37843

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 Boyle (St.) 13-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McKinley West

(a) RESIDENCE NO. 2645 Pennsylvania Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian R West

6 DATE OF BIRTH (month, day, and year): Oct 22 1899

7 AGE: Years 28 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engine Wiper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: B & O R R Baltimore Md

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chris B West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Union New York

12 MAIDEN NAME OF MOTHER: Sallie K Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Mother Sallie Yeager

(Address): 1621 Webster st

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per BRH.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9.28.28. 19

17

I HEREBY CERTIFY, That I attended deceased from 9.20.28. 19 to 9.29.28 19

that I last saw him alive on 9.26.28 19

and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2645 Pennsylvania Ave.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) Philip B. Towler, M. D.

9.28. 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: Oct 1st 1928

20 UNDERTAKER: H. MacKnew

ADDRESS: 2645 Penna Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37844

CERTIFICATE OF DEATH

90 E 37844

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 707 S Montford Ave St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Ruminski

(a) RESIDENCE NO. 707 S Montford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1842

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) [redacted] Germany

PARENTS

10 NAME OF FATHER John Durny

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Joseph Ruminski & Son

(Address) 707 S Montford Ave

15 Filed 1928 16 [illegible] Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1926 to Sept 28, 1928

that I last saw h[illegible] alive on Sept 26, 1928

and that death occurred, on the date stated above, at 6:50 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac renal disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Clinic

(Signed) [illegible] M. D.

9/30, 19 (Address) 1937 Eagle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ly Rosary Acts Date of Burial 1 1928

20 UNDERTAKER John M Weber ADDRESS 401 Dchester Ave

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37845

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ~~931 Fell~~ St., 4-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Julia Burdlaska

(a) RESIDENCE NO. 931 Fell St ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
f.	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 10 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 mos	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Stanislaus Burdlaska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Alexandra, Ostrowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helen Lake
(Address) 931 Fell St

15 Filed ..... 1928 C. HAMPSON JONES, M. D. Per ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928 to Sept 27 1928,
that I last saw her alive on Sept 27 1928,
and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

a complicating pneumonia followed by acute cardiac failure

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Otitis media & ileo-colitis — Bronchopneumonia (duration) yrs. ..... mos. 12 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Theodore Lake, M. D.

9/27, 1928 (Address) 931 Fell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Sept 29 1928
20 UNDERTAKER	ADDRESS
John M. Weber	401 S Chester St

Cor.—12-9-25—A Co.—200 Bks.

E 37846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88-103 V

E 37846

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at Johns Hopkins Hospital St. 8-17 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Homer Biggs

(a) RESIDENCE NO. 1709 N. Durham St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 23/1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William A. Biggs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Daisy Blades

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant A. S. Marshall

(Address) 3429 Falls Rd.

C. HAMPSON JONES, M. D.

15 Filed _____ 19 _____ Registrar

928 Pct. SRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy Oct 1/28 (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Injury-Run over by auto truck on Lanvale nr Wolfe Sts.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Pile M. D.
(Coroner)

9/28-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the state ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Sept 29 1928

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Hirschen Map 6 Cor - Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37847

CERTIFICATE OF DEATH

90 E 37847

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1618 E 30th ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry E Mahr

(a) RESIDENCE NO. 1618 E 30th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Mahr

DATE OF BIRTH (month, day, and year) Aug 18 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Chas Mahr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Walter E Mahr

(Address) 1618 E 30th St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 26, 1928, that I last saw him alive on Sept 25, 1928 and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Albert Hirschen, M. D.

9/27 1928 (Address) Mapleton & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Sept 29 1928
20 UNDERTAKER	ADDRESS
W. Cook	532 E Monument

8 1320 C. HAMILTON SONS & CO. Bal. Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37848

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37848

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3136 Belmont St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Berghamer

(a) RESIDENCE NO. 3136 Belmont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Berghamer

7 DATE OF BIRTH (month, day, and year) May 16, 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Henry Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Frances H. Bruner

(Address) 3136 Belmont Ave

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27-1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1926 to Sept 27, 1928

that I last saw her alive on Sept. 26, 1928

and that death occurred, on the date stated above, at 2 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Horn M. D.

, 19 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace Church Elkridge

DATE OF BURIAL 9/28 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North

C. HARRISON JONES, M. D.

1928

Spec.—1-10-21—M&T—1500 Bks.

E 37849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37849

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2843 Mayfield Ave. (WARD) 45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie B. Ogle

(a) RESIDENCE (No.) 2843 Mayfield (ST.) (WARD)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: William Bruce Ogle.

6 DATE OF BIRTH (month, day, and year): Nov. 4th 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	24	

8 OCCUPATION OF DECEASED

(a) Trade; profession or particular kind of work: at home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: John F. Delan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md.

12 MAIDEN NAME OF MOTHER: Mary Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington Co Md.

14 Informant: William Bruce Ogle.

(Address) 2843 Mayfield Ave

15 Filed . 19 RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/28 1928.

17

I HEREBY CERTIFY, That I attended deceased from 1926 . 19 . to Sept 28 . 1928.

that I last saw h[illegible] alive on Sept 28 . 1928.

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1hr. ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A Ritz, M. D.

9/28 1928 (Address) Oakley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greagerstown Frederick Co Md.

DATE OF BURIAL: 9/30/28

20 UNDERTAKER: Chas. G. Black.

ADDRESS: 742 N. North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 37850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-001

E 37850

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 1568 Ward)

2-FULL NAME Agnes M. Doty.

(a) RESIDENCE NO. 2008 N. Smallwood St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed or divorced
HUSBAND OF
(or) WIFE of George R. Doty.

6 DATE OF BIRTH (month, day, and year) November 23, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Iowa.

PARENTS

10 NAME OF FATHER Percy Cole.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Illinois.

12 MAIDEN NAME OF MOTHER Mary Kelly.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant George R. Doty. (husband)

(Address) 2008 N. Smallwood St.

15 Filed ..... 19 ..... Registrar

SEP 29 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 26, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage.
Incomplete Abortion.
unknown.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

9/28 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2008 N. Smallwood St. Sept. 26, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial 9/29 19 28

20 UNDERTAKER Martin Faher Sons ADDRESS 527 W. Saratoga St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37851 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37851

31

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1403 Cooksie Street ST., 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Jakubowski

(a) RESIDENCE NO. 1403 Cooksie Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Mary

a If married, widowed, or divorced HUSBAND of ~~XXXXXXXXX~~ Mary Jakubowski

DATE OF BIRTH (month, day, and year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Balto, City Hospital

(Address) Eastern Ave

SEP 29 1928 C. HAMPSON JONES, M. D.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928, to Sept 28, 1928,

that I last saw h.. alive on Sept. 27, 1928

and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Bacteriological

(Signed) Thos. A. Stevens, M. D.

9/29, 1928 (Address) 1527 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemy	Oct 1 1928
20 UNDERTAKER	ADDRESS
George A. Welsh	22 S. Bond St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37852

CERTIFICATE OF DEATH

90 E 37852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1135 Harlem ST., (or WARD) 16-23

2—FULL NAME Alice Rebecca Burrell

(a) RESIDENCE NO. 1135 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Burrell

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) — 070

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Paul Stewart

(Address) 1135 Harlem Ave

Filed ....., 19 ..... Registrar

HARRISON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29/28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Sept. 27, 1928, that I last saw h alive on Sept 27, 1928, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) R. Gatewood Chappell M. D.

, 19 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 9-29 1928

20 UNDERTAKER Grant Eaton

ADDRESS 916 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37853

CERTIFICATE OF DEATH.

114 E 37853

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 Woodyard Ward) 9-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Hall

(a) RESIDENCE NO. 1130 Woodyard Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 5 mos. 23 da. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 4 1919

7 AGE — Years: 9 Months: 5 Days: 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Hall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Ruth Hall (Address) 1130 Woodyard

15 Filed SEP 29 1928 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 27th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

..... (duration) ..... yrs. ..... mos. 4 da.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... da.

Witness my hand this 27th day of Sept 1928 C. Hampson Jones M. D.

(Coroner) (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Bur Date of Burial 9-29 1928

20 UNDERTAKER: Daniel Corbin ADDRESS 916 Ave

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37854 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37854

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 Byrd St. ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry E. Bass

(a) RESIDENCE No. 1836 Byrd St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 12 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	1	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Bass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Lacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mr. Bass 1836 Byrd St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 28, 1928, that I last saw h alive on Sept 27, 1928 and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Acute Dis Colica

No Dentary

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. H. Campbell M. D.

Sept 29, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holt cross Cemetery DATE OF BURIAL 10/1 1928

20 UNDERTAKER L. Frew McCully ADDRESS 130 E Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 37855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37855

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Winchester ST. 1618 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Vanneman

(a) RESIDENCE NO. 2831 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Vanneman

6 DATE OF BIRTH (month, day, and year) Apr 12/65

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Adolph Louis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Baumgartner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss. V. Louis

(Address) 2831 Winchester St

15 Filed SEP 20 1928, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1927, to Sept 27, 1928, that I last saw her alive on Sept 27, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

abt 8

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 5/27 appendectomy

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Knopf, M. D.

(Address) 4026 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 9/30/1928

20 UNDERTAKER Harry Sondheim

ADDRESS 116-20 W Mt Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E 37856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37856

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4145 Eierman ST. 27-11 WARD)

2-FULL NAME Ella R Sweigart

(a) RESIDENCE NO. 4145 Eierman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William C Sweigart

6 DATE OF BIRTH (month, day, and year) Oct 29 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry T Selby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minerva Errington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Minerva Edwards

(Address) 1150 Wardour

15 Filed SEP 29 1928, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1928

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Sept 26, 1928, that I last saw h alive on Sept 26, 1928 and that death occurred, on the date stated above, at 11 15 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos de.

CONTRIBUTORY (Secondary) Acute Dilatation of H

(duration) yrs. mos. 2 de.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H.E.H. Campbell M. D.

Sept 27 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Sept 29 1928

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37857

CERTIFICATE OF DEATH.

90 E 37857

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 China St. St., 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecelia Chase. (C)

(a) RESIDENCE NO. 809 China St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Col'd ~~White~~.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Ernest Jones. (C)

(Address) 809 China St.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 26, 1928 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto Kemnader M. D.
(Coroner)

9/28 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion et — Date of Burial Sept 19 28

20 UNDERTAKER L. E. Brown & Son ADDRESS Mt Zion et

Spec.—1-10-21—M&T—1500 Bks.

E 37858

E. 37858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hos St. 15-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Benner

(a) RESIDENCE NO. 4300 Reisterstown Rd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aurelia M Benner

6 DATE OF BIRTH (month, day, and year): Dec 5-1870

7 AGE: Years 57 Months 9 Days 13 If LESS than 1 day... hrs. or ... min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Otto Benner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Tobin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Otto Benner

(Address) 4300 Reisterstown

15 Filed SEP 29 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Sept 28, 1928, that I last saw him alive on Sept 25, 1928, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Strangulated femoral hernia (right side)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis and nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/20/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) J. A. Bargamo, M. D.

19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Oct 1 1928

UNDERTAKER: H. J. Tschudy & Sons ADDRESS: Md

Spec.—1 12-23—M&T—500 Bks.

E 37859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37859

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2831 Clifton Ave (St.) 15-18 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Buckman

(a) RESIDENCE NO. 2831 Clifton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah N. Buckman

6 DATE OF BIRTH (month, day, and year): July 4 1842

7 AGE: Years 86 Months 2 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Elizabeth Jane Fitchett

(Address) 2831 Clifton Ave

15 Filed SEP 29 1928 H. RAMSAY JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928, to Sept 28, 1928

that I last saw h[illegible] alive on Sept 28, 1928

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular d[isease] of heart.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs mos ds.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. H. Cullen, M. D.

Sept 29/28 (Address) 2707 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem DATE OF BURIAL: Oct 1 1928

20 UNDERTAKER: Wm J Tuckner Sons ADDRESS: North Ave

Spec.—1-12-23—M&T—500 Bks.

E 37860 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37860

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 Frederick Ave, ST. 20 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Watts

(a) RESIDENCE NO. 32 S. Fulton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Watts (nee Vickers)

6 DATE OF BIRTH (month, day, and year) Sept. 27, 1862.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Transfer Business (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriett Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. William F. Watts, (Address) 32 S. Fulton Ave.

15 Filed SEP 29 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 22 19 22 to Sept 27 19 28

that I last saw him alive on Sept 26 19 28

and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic Nephritis

(duration) 6 yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James L. Kiddy M. D.

9/28/28 19 (Address) 1729 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 9/29/28 19

20 UNDERTAKER Henry A. Wetzel

ADDRESS 53 N. Bond St.

Spec.-7-17-26-A Co.-200 Bks.

E 37861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37861

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Md. Gen. Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carlton D. Harris

(a) RESIDENCE NO. 522 W. University Pkway Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Katharine M. Harris

6 DATE OF BIRTH (month, day, and year) Nov 26 - 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	63	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mardinsville (State or country) West Va.

PARENTS

10 NAME OF FATHER David Harris

11 BIRTHPLACE OF FATHER (City or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Bernice Danner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Record (Address)

15 Filed SEP 29 1928 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-1928

17 I HEREBY CERTIFY, That I attended deceased from 9-22-1928 to 9-28-1928

that I last saw him alive on 9-28-1928

and that death occurred, on the date stated above, at 10:12½ a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis, A Hypertonic

(duration) 0 yrs. 0 mos. 6 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Oct 2nd 1928

20 UNDERTAKER: Postlam & Son — ADDRESS: 1728 N. Fayette

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37862

CERTIFICATE OF DEATH.

90

REGISTERED NO. 45-62

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Liberty Hgts Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olevia Lauretta King

(a) RESIDENCE NO. 3004 Liberty Hgts Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin N. King

6 DATE OF BIRTH (month, day, and year) June 7th 1849

7 AGE Years 79 Months 5 Days 20 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Elias Bishop.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Talitha G. Royston

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs L. A. Wells

(Address) 3004 Liberty Hgts Ave

15 Filed ..... 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1928, to Sept 27, 1928.

that I last saw h alive on Sept 27, 1928

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Old Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Smith, M. D.

(Address) 4109 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Oct 1st 1928

20 UNDERTAKER L. Bertram Gore

ADDRESS 1723 W. Lafayette Ave

Spec.—2-29-28—L. [illegible]—500 Bks.

E 37863

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 V

E 37863

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Hubert Alley (St.) (Ward) 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Green Abernathy

(a) RESIDENCE NO. 925 Hubert alley. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) Autumn 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Rev. L. Grantham

(Address) 1818 Ashland Ave

Filed 2-29 1928, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26-28

17 I HEREBY CERTIFY, That I attended deceased from 9/24, 1928, to 9/26, 1928, that I last saw h[illegible] alive on 9/26, 1928, and that death occurred, on the date stated above, at 11 10P. M.

The CAUSE OF DEATH* was as follows: Bronchio-Pneumonia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Frequent Colds (duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas R. Blakes M. D.

9/29, 1928 (Address) 924 Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Kendrick WV	Sept. 29, 1928

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland

Spec.—1-10-21—M&T—1500 Bks.

E 37864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp (St.) 6-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David White

(a) RESIDENCE NO. 1637 north Chapel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 6th 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Thomas White

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Margaret Hoffnagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Margaret White

(Address) 1637 N. Chapel St.

15 Filed , 19 C. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1925, to Sept. 25, 1925, that I last saw h alive on Sept. 25, 1925, and that death occurred, on the date stated above, at 7 3/5 a m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Broncho pneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Intestinal (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) W. B. Hendrix, M. D.

St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	9/29 1925

20 UNDERTAKER E. D. Fanning & Son ADDRESS 1936 E. Lafayette

Spec.—2-29-28—L. F. S.—500 Bks.

S 215354 E 37865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001 E 37865

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Girl Fisher

(a) RESIDENCE NO. Revell Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 6-22-28

AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
		3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Henry Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) ..... KING HOSPITAL

Filed SEP 29 1928 (19) HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-28-1928

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to Sept-28, 1928

that I last saw h[illegible] alive on Sept-28, 1928

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Prematurely

marasmus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) James A Miller, M. D.

9/29, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cinnapolis Md — DATE OF BURIAL Sept. 29 1928

20* UNDERTAKER Jas. S. Taylor & Sons. — ADDRESS Cinnapolis Md.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 37866

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3934 Edmondson Ave ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lambert Lehr

(a) RESIDENCE NO. 3934 Edmondson Ave ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth 71 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Wht	Widower

a If married, widowed, or divorced HUSBAND (or) WIFE Christianna Lehr

DATE OF BIRTH (month, day, and year) Dec 8, 1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Grocerie

(c) Name of employer

BIRTHPLACE (city or town) (State or country) How Hanover St Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant L C Hahl

(Address) Catonsville

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 19 28 to Sept 28 19 28

that I last saw h alive on Sept 28 19 28

and that death occurred, on the date stated above, at 3 40 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease Heart Chronic Hypertrophy Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. J. Norwood M. D.

Sept 28 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 1 1928
20 UNDERTAKER George L Smith	ADDRESS 153 Hollins

Stoc.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37867

CERTIFICATE OF DEATH

31 E 37867

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1016 W. Fayette ST., (or WARD) 18

2—FULL NAME George N. Reese

(a) RESIDENCE NO. 1016 W. Fayette ST., 18 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Reese

7 DATE OF BIRTH (month, day, and year) Jan 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John G. Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna E Reese

(Address) 1016 W. Fayette St

15 Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-28

17 I HEREBY CERTIFY, That I attended deceased from 8-20-, 1928, to 9-28, 1928, that I last saw him alive on 9-28, 1928, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lung.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) L. Frosh, M. D.

9-28, 1928 (Address) 2202 N Northern.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 1 1928
20 UNDERTAKER George J Smith	ADDRESS Hollins

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37868

CERTIFICATE OF DEATH.

46

E 37868

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 7-24 WARD)

2-FULL NAME Mary Brown

(a) RESIDENCE No. 563 W. Hoffman ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years 55 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ? Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Ridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Samuel Watts Sr. (Address) 563 Hoffman

15 Filed 9 29 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26/1928

17 I HEREBY CERTIFY, That I attended deceased from 9-13 1928 to 9-26 1928

that I last saw her alive on 9-26 1928

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Malignant Neoplasm Left Breast

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

6 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Gilman, M. D.

1928 (Address) Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR CREMATION Mt. Auburn Cem. DATE OF BURIAL 9/29/28

20 UNDERTAKER Samuel H. Staveley ADDRESS 1711 Bolton

Cor.—12-9-25—A Co.—200 Bks.

37869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-001 E 37869

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 623 W. Lanvale St., 17-24 Ward)

2-FULL NAME Clarence White

(a) RESIDENCE NO. 623 W. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth White

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant William Kennard

(Address) 1213 Mrytle Ave.,

15 Filed ..... 19 .....

SEP 29 1928

C. Hamilton Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept. 27. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D. (Coroner)

9/28/1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathay Cem. Date of Burial Sept 29 1928

20 UNDERTAKER Frank Ekunsky ADDRESS 595

Spec.—1-12-23—M&T—500 Bks.

37870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-001 × 118 E 37870

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4 20 ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna A Dannettel

(a) RESIDENCE NO. Linthicum Hgts ST. Maryland WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Dannettel

6 DATE OF BIRTH (month, day, and year) May 24 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) NO

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Henry Geller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Ring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Charles E. Dannettel

(Address) Linthicum Heights md

15

Filed SEP 23 1928 , 19 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27 19 28

17

I HEREBY CERTIFY, That I attended deceased from August 25, 19 28, to September 27 19 28.

that I last saw alive on September 27, 19 28.

And that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

following hemiplegia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/25/28.

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) G. K. Gülck, M. D.

9/27 19 28 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemy

DATE OF BURIAL Oct 1 1928

20 UNDERTAKER Jos Joerdens Son

ADDRESS 2178 Pa

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21 & 114 E 37871 — CERTIFICATE OF DEATH — X 31 J — E 37871

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1622 WARD) 8th

2—FULL NAME Leora Smith,

(a) RESIDENCE NO. 900 N. Stricker ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

8 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Davis Tuck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va —

12 MAIDEN NAME OF MOTHER Lisa Dowdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records

(Address) .....

Filed ... 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-27-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-21, 1928, to Sept. 27, 1928, that I last saw her alive on Sept-27, 1928 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cardiac and Respiratory failure which was instantaneous during ethyl anaesthesia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cancer Tuberculosis laryngis ? pressing on trachea ?
(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Sept 21, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Stained contributory Cause

(Signed) Charles M. McLane, M. D.

9/28, 1928 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL

Greenmount Va — Sept 30, 1928

20 UNDERTAKER — ADDRESS

Mrs Katie R Williams — 3221 Edmondson St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37872

CERTIFICATE OF DEATH.

74-001 E 37872

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 1-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. George Ransome Faircloth

(a) RESIDENCE NO. 14-W-Franklin Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 45 yrs. 0 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sisson Faircloth

6 DATE OF BIRTH (month, day, and year) Sept-18-1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Physician

(c) Name of employer Self

9 BIRTHPLACE (city or town) Clinton

(State or country) North Carolinia

PARENTS

10 NAME OF FATHER Wesley Faircloth

11 BIRTHPLACE OF FATHER (city or town) Clinton

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Harriett Rich

13 BIRTHPLACE OF MOTHER (city or town) Clinton

(State or country) North Carolina

14 Informant Mrs. Mary Faircloth (wife)

(Address) 14-W-Franklin Street

15 Filed 9-29-1928 19 H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH was as follows:

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

9/29 1928 (Address) 3632 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs., 0 mos., Part ds. In the State 5 yrs., — mos., — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 14-W-Franklin St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clinton, North Carolina Date of Burial 9/29/1928

20 UNDERTAKER ADDRESS

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 37873 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 37873

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Bals. Gen. Hosp. St. (WARD)

2-FULL NAME Miss Victoria Dougherty

(a) RESIDENCE No. 2107 Belair Road St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) July 14, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Register of Records (Address)

15 Filed Sept 12, 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 12, 1928, that I last saw h alive on Sept 1, 1928, and that death occurred, on the date stated above, at 7:25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Schaffer M. D.

Sept 13, 1928 (Address) 1. East Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath. Cem. DATE OF BURIAL: Sept 15, 1928

20 UNDERTAKER: Lee & Sterrenberg ADDRESS: 1 E. Fayette St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37874

CERTIFICATE OF DEATH.

E 37874

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 3-5-100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 3-5 WARD)

2-FULL NAME Tom Harrington

(a) RESIDENCE No. 1320 Eastern ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Separated

5a If married, widowed, or divorced (HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Jeremiah

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed SEP 29 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-10 1928 to 9-25 1928

that I last saw him alive on 9-25 1928

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + X-Ray

(Signed) H. W. Mech, M. D.

9-29 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 9/29 1928

20 UNDERTAKER John J. Fahey Sons

ADDRESS 131 S Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37875 × 11-002 E 37875

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 17-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. C. Chapman Rouse

(a) RESIDENCE NO. Belair, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. Chapman Rouse

7 DATE OF BIRTH (month, day, and year) Nov. 16, 1868

AGE	59 Years	Months 10	Days 14	If LESS than 1 day, hrs. or min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Clerical

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Rouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriet Hanway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant C. Chapman Rouse Jr

(Address) Belair Md

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

0 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1928, to Sept 30, 1928, that I last saw h alive on Sept 30, 1928 and that death occurred, on the date stated above, at 5 9. m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 22 1928

Was there an autopsy? No

What test confirmed diagnosis: X-ray, Operation

(Signed) Monroe O. Ott, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maryland Edmondson Cemetery Prudy — DATE OF BURIAL Oct 1 1928

20 UNDERTAKER Dean & Foster ADDRESS Belair, Md

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37876

101-001 E 37876

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 6304 Everall ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Klenner

(a) RESIDENCE NO. 6304 Everall ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert J. Klenner

6 DATE OF BIRTH (month, day, and year): Oct 1st

7 AGE: Years 75 Months 11 Days 28

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country): Germany

PARENTS

10 NAME OF FATHER: Franz J Kaebch

11 BIRTHPLACE OF FATHER (City or town).

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Nachtigal Sept 29

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs Kluge

(Address) 6306 Everall ave.

15 Filed [illegible] 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 28, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 28, 1928, that I last saw her alive on Sept 28, 1928, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia. 10 days

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Webster M. D.

(Address) 6409 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Oct 1 1928

20 UNDERTAKER: Frederick Lasch & Son — ADDRESS: Fullerton

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37877

1-PLACE OF DEATH

City of BALTIMORE: (No. 3140 Keswick Rd St. 42 Ward) 17

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Davis

(a) RESIDENCE NO. 3140 Keswick Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 0 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Davis.

6 DATE OF BIRTH (month, day, and year) Oct. 28 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Merlin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Pierce

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Laura Grove

(Address) Railway & Carnegie Ave. Druid Hill Park.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound Through Head Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D.

(Coroner)

9/30 1928 (Address) 5692 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF [illegible] CREMATION [illegible] Date of Burial

London Park Cem. Oct 1 1928

20 UNDERTAKER W. H. Pickett Sons ADDRESS Rockville

Keep unfolded. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37878

CERTIFICATE OF DEATH.

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 725 Appleton ST. (WARD)

2-FULL NAME Baby Boy Euey

(a) RESIDENCE NO. 725 Appleton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 29 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or.. min.
23 weeks	foetus		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Milton Euey

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Whitworth

13 BIRTHPLACE OF MOTHER (city or town) Balto Co Md
(State or country)

14 Informant Milton Euey
(Address) 725 N Appleton St

15 Filed . 19 1928 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 29 . 19 28. to Sept 29 . 1928 that I last saw him alive on Sept 29 . 1928 and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(23 weeks foetus)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Theodore Wollaff M. D.

. 19 (Address) Universite Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cem — DATE OF BURIAL Oct 1 28

20 UNDERTAKER J. J. Jackson Jr — ADDRESS N Pac

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37879

E 37879

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1615 N. Broadway St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Elliott

(a) RESIDENCE NO. 1615 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Elliott

6 DATE OF BIRTH (month, day, and year) Feb 28/1832

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	96	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER James McCullagh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. John Elliott

(Address) 1615 N. Broadway

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(duration) yrs. mos. ds.

(Signed) J. S. Hamm, M. D.

(Coroner)

9/30-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Date of Burial Oct 1928

20 UNDERTAKER J. J. Jackson Sons ADDRESS Balto. Md.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37880 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E. 39th St., 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Muendlein

(a) RESIDENCE NO. 512 E 39th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (a) WIFE of Philip J Muendlein

6 DATE OF BIRTH (month, day, and year) Nov 23 1850

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
77	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Arend Ehlers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Charles Muendlein 3702 Greenleys Road

15 Filed 1928 C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1928, to Sept 28th 1928, that I last saw h alive on Sept 28th 1928, and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Bronchitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. S. Hazen, M. D.

Sept 29, 1928 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Oct 1. 1928

20 UNDERTAKER: George Schilling & Sons

ADDRESS: No. E Monument St

Spec.—1-12-23—M&T—500 Blks.

E 37881 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 5-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Zedawicz

(a) RESIDENCE NO. 5002 Pennington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Automobile Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Jacob Zedawicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Carolina Baudowick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Hospital Records

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-17 1928 to 9-28 1928

that I last saw him alive on 9-28 1928

and that death occurred, on the date stated above, at 4:01 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholangitis 2 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Moran M. D.

1928 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery — DATE OF BURIAL: Oct. 1 1928

20 UNDERTAKER: Chas. P. Kieffaber — ADDRESS: 637 Park Ave

Spec.—12-9-25—A Co.—200 Rls.

E 37882

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-007 E 37882

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2630 E monument St. 1-12 Ward)

2-FULL NAME Eliza Jane Carnes

(a) RESIDENCE NO. 2630 monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): widowed

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ Edwin J Carnes

6 DATE OF BIRTH (month, day, and year): Jan 10-1853

7 AGE: Years 75 | Months 8 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Herman Fuker

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosa Brachem

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant (Address): Frank Carnes 2630 monument

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-6, 1928, to 9-27, 1928, that I last saw h[illegible] alive on 9-27, 1928, and that death occurred, on the date stated above, at 10:05 P m.

The CAUSE OF DEATH* was as follows:

Hrtard Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Kent, M. D.

9/28, 1928 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — Date of Burial Oct 1 1928

20 UNDERTAKER: John Ullrich — ADDRESS 200 S Calvert

Spec.—1-12-23—M&T—500 Bks.

E 37883 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 20

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Way

(a) RESIDENCE NO. Clarksville, Howard, County, Md
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.
WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month, day, and year) Unknown 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Tenn

PARENTS

10 NAME OF FATHER Albert Way

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lillie Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Tenn

14 Informant John Way
(Address) Clarksville Md.

15 Filed 10 1928 19 HAMPSON JONES M. D. Registrar

Eugene Feller, M.D. Coroner, West End Dist. U.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 29 1928

17
I HEREBY CERTIFY, That I attended deceased from 9-28 19 28 to 9-29 19 28
that I last saw him alive on 9-29 19 28
and that death occurred, on the date stated above, at 11.55 a m.

The CAUSE OF DEATH* was as follows:
Acute Gangrenous Appendicitis, Generalized Peritonitis, Paralytic Ileus

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 9-28-28
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Joseph Laukaitis, M. D.
19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taylorsville Tenn
DATE OF BURIAL Sept 3 19 28

20 UNDERTAKER Easton Bros
ADDRESS Ellicott City

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37884

CERTIFICATE OF DEATH.

× 181 - E 37884

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd St + Calvert ST., 12th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Bulette

(a) RESIDENCE NO. Whiteford Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Charles Bulette

6 DATE OF BIRTH (month, day, and year) Jan 8, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Bulette

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Susan Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Hospital Records
(Address)

15 Filed Oct 1 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from September 27, 1928. to September 30, 1928.

that I last saw him alive on September 30, 1928

and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular & muscular heart disease

(duration) yrs. 4 mos. ? ds.

CONTRIBUTORY (Secondary) Embolism / anesthesia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted ~~If not at place of death?~~

Did an operation precede death? yes Date of Sept 30, 1928

Was there an autopsy? no

~~What test confirmed diagnosis?~~

(Signed) Francis W. Gluck M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fund Grove Pa	Oct 1 1928
20 UNDERTAKER	ADDRESS
H. K. Tabb	Fund Grove Pa

Spec.—1-10-21—M&T—1500 Bks.

See affidavit from Dr B Hollander

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37885

CERTIFICATE OF DEATH.

E 37885

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Sinai Hospital St. 1-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph ~~Wieler~~ Wieler

(a) RESIDENCE NO. 51 West 92nd St. N.Y.City St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Wieler

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1862

7 AGE: Years 65; Months 11; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Surgeon

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York.

PARENTS

10 NAME OF FATHER: Jacob Wieler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs L. Leidsman

(Address) Sinai Hospital

15 Filed OCT 1 - 1928 By C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Oct 1, 1928,

that I last saw h[illegible]live on Oct 1, 1928,

and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Duodenal Ulcer

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure, Pulmonary Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Prostatectomy 9-25-28

Was there an autopsy?

What test confirmed diagnosis? Operation & clinical

(Signed) Benj H Klotz M. D.

Oct 1, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brooklyn, New York

DATE OF BURIAL: 10/1/1928

20 UNDERTAKER: David Sondheim

ADDRESS 116-20 Royal Ave

Spec.—1-12-23—M&T—500 Blks.

E 37886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 37886

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 18-2 WARD)

2-FULL NAME John Gover

(a) RESIDENCE NO. 1036 Sarah Anne ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: 68 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 035

(b) General nature of industry, business, or establishment in which employed (or employer): Hod Carrier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Alfred

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lottie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 Filed OCT 1 1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-5 1928 to 9-29 1928

that I last saw him alive on 9-29 1928

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Bronchopneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

Unknown (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. M. Hicks, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MT Auburn Cem	10-1 1928
19 UNDERTAKER Daniel Carter	ADDRESS 916 Park Ave

Spec.—1-12-23—M&T—500 Blks.

E 37887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 37887

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST. 4-26 WARD

2-FULL NAME Martha Williams

(a) RESIDENCE NO. 772 Waesche ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Edw. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bessie Hope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1928, to 9-28, 1928, that I last saw her alive on 9-28, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Infarction of Lungs

(duration) yrs, mos 6 ds.

CONTRIBUTORY (Secondary) Aortic & mitral insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 10-1-28

20 UNDERTAKER Daniel Eaton & Co

ADDRESS 916 [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 37888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 37888

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 William St. ST. 24-33 WARD

2-FULL NAME James O. Hara

(a) RESIDENCE No. 1016 William St ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Bertha A. Hare.

6 DATE OF BIRTH (month, day, and year): Oct. 11. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Charles O Hare.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary J. Mellon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Bernard O. Hare.

Address: 1016 William St.

15 Filed 1 - 1928 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Sept 29, 1928, that I last saw him alive on Sept 29, 1928, and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry Needs Chaney M. D.

Sept 30 28 (Address) 933 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 10 3 1928

20 UNDERTAKER: George - J. Ruth. ADDRESS: 1735 Harford ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37889

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 37889

REGISTERED NO.

City of BALTIMORE: (No. 1718 E. Lanvale St. 8-17 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Neukirk

(a) RESIDENCE NO. 1718 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia F. Neukirk

6 DATE OF BIRTH (month, day, and year) Mar 15, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	05	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York City

PARENTS

10 NAME OF FATHER George E.Neukirk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York City

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York City

14 Informant Frank E. Neukirk

(Address) 1718 E. Langvale St

15 Filed ....., 19 .... HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ..... M. D.
(Coroner)

9/30/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Louden Park Cemetery	Oct 2/28
20 UNDERTAKER	**ADDRESS**
Geo. J. Ruth,	1735 Harford Ave.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37890

CERTIFICATE OF DEATH.

84 E 37890

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1416 E-Lanvale ST., 8-17 (WARD)

2-FULL NAME John. C. Morrison

(a) RESIDENCE NO. 1416 E Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Morrison

6 DATE OF BIRTH (month, day, and year) Dec 3. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coach.

(b) General nature of industry, business, or establishment in which employed (or employer) Painter. 0 50

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Harrisburg Va.

PARENTS

10 NAME OF FATHER John. C. Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Va.

12 MAIDEN NAME OF MOTHER Henrietta Steigmeyer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Catherine Morrison

(Address) 1416 E. Lanvale st.

15 Filed Oct 1 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 1918, 19..., to Sep 28, 1928,

that I last saw h— alive on Sep 28, 1928

and that death occurred, on the date stated above, at 11.40 P m

The CAUSE OF DEATH* was as follows: Cerebral hemorrage

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Brain tumor

(duration) X yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 22-28

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) Edward A Morgan M. D.

, 19 (Address) 1325 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County.

DATE OF BURIAL Oct 1 1928

20 UNDERTAKER George F. Rush

ADDRESS 1735 Harford ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37891

CERTIFICATE OF DEATH.

90 E 37891

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 N. Carey ST. 8-17 WARD)

2-FULL NAME John Thomas Foley.

(a) RESIDENCE No. 1501 N. Carey st ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ann Lutz Foley.

6 DATE OF BIRTH (month, day, and year) May 24 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72.	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Foley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ann Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Frank L. Foley.
(Address) 1501 N. Carey st.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Sept 29, 1928, that I last saw him alive on Sept 9. 1928 and that death occurred, on the date stated above, at 5.30 m

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

Duration Cathma

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) W. N. Foley, M. D.

Sept 29, 1928 (Address) 1699 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Our Cathedral Cemetery DATE OF BURIAL Oct. 2 1928

20 UNDERTAKER George F. Rust ADDRESS 1735 Harford ave

Cor.—1-12-23—M&T—100 Bks.

E 37892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103
188 E 37892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) London (Edmondson Av.) 70-71 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Mendelsohn

(a) RESIDENCE NO 402 London Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 22. 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md Mendelsohn

10 NAME OF FATHER Morris A. Mendelsohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ruth V. Dail

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs. M. Mendelsohn
(Address) 402 N. London Ave

Filed ..... 192 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile Accident

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Brooks M. D.
(Coroner)

, 192 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	192
20 UNDERTAKER Geo W Little	ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37893

CERTIFICATE OF DEATH.

74-001 E 37893

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 N. Patterson Pk. St. or Ave) 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice May Baer

(a) RESIDENCE NO. 1437 N. Patterson Pk., St. Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Baer

6 DATE OF BIRTH (month, day, and year) Nov 4, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. Kelso

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Frances A. Ayers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Husband

(Address)

15 Filed OCT 1 1928 19 H. M. Raab Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Y. Patterson M. D.

(Coroner)

9/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. Date of Burial 10/1 19 28

20 UNDERTAKER Robt J Lennon ADDRESS 1417 Pleasant

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37894

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp ST. 2026 WARD)

REGISTERED NO. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Holtzman

(a) RESIDENCE NO. Sinai Hosp. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2026 yrs. christian mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-26-28

7 AGE — Years — Months — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Philip Holtzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Beatrice Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Hospital

15 Filed OCT 1 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-26, 1928, to 9-30, 1928, that I last saw him alive on 9-30, 1928, and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel J. Hamlin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rd DATE OF BURIAL 10/1 1928

20 UNDERTAKER Jack Levin ADDRESS 1439 Eden

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37895

CERTIFICATE OF DEATH.

168

E 37895

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 Hopkins Place. St. 13-59 Ward)

2-FULL NAME Samuel Fisher

(a) RESIDENCE NO. 2518 Brookfield Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Fisher

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Fisher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Annie E Mervis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant (Address) Jack Lewis 1439 E Balto St

15 Filed_____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken neck due to hanging.
Suicide.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Eugene Feller, M. D. (Coroner)

9/29 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem Date of Burial 10/1 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37896

CERTIFICATE OF DEATH

91-002

E 37896

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I—PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Conkling ST. 26-37 WARD)

2—FULL NAME Mary Kulinski

(a) RESIDENCE NO. 812 S. Conkling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., If foreign birth 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Kulinski

6 DATE OF BIRTH (month, day, and year): Dec. 18 1858

7 AGE — Years: 69 | Months: 9 to | Days: 10 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 037

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

Informant: Mrs. William Rittman

(Address): 812 S. Conkling St.

Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to Sept. 28, 1928, that I last saw h[illegible] alive on Sept 25/28, and that death occurred, on the date stated above, at [illegible] p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leo J. Lockbock Jr. M. D.

Sept 29. 1928 (Address) 806 S. Conkling St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Oct 2 1928

20 UNDERTAKER: George W. Zobler — ADDRESS: 1737 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37897

90 ✓ E 37897

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 S. Bouldin ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick J. Grassee

(a) RESIDENCE NO. 1012 S. Bouldin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Grassee

6 DATE OF BIRTH (month, day, and year) July 22-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Frederick Grassee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Ernestine Grassee

(Address) 1012 S. Bouldin St.

Filed ..... 19 ..... Registrar

OCT 1 1928 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29-1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Sept 29, 1928, that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Observation

(Signed) Horace B. Tilton, M. D.

9/30, 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Oct 1 1928
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E. Eager st

Cor.—12-9-25—A Co.—200 Bks.

E 37898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th

E 37898

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 932 S. Kenwood St. 1-3 Ward)

2-FULL NAME Mathilda Ferguson

(a) RESIDENCE NO. 932 S. Kenwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Ferguson

6 DATE OF BIRTH (month, day, and year): August 26, 1856

7 AGE — Years: 72 Months: 1 Days: 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Christ Ernst

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Muschieder

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs. Lillian Creamer (Daughter)

(Address): 932 S. Kenwood Ave

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar

1928 Dec 10 AM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. — ds.

Sept 29/28 (Signed) G. E. Slades M. D.

(Coroner)

(Address) 1436 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — Date of Burial: Oct. 2 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St. & Broadway

Copy important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37899 — 90 — E 37899

1-PLACE OF DEATH — REGISTERED NO. _____

City of BALTIMORE: (No. 622 S. Drake St. 16-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond J. Witte

(a) RESIDENCE NO. 622 S Drake St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Witte

6 DATE OF BIRTH (month, day, and year) July 3, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 21

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General Electric Co.

9 BIRTHPLACE (city or town)

(State or country) Michigan

PARENTS

10 NAME OF FATHER William Witte

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Michigan

12 MAIDEN NAME OF MOTHER Caroline Fagner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Michigan

14 Informant Mrs. Isabelle Witte (Wife)

(Address) 622 S. Dean St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Sept 30 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) Geo C Wagner M. D.

Sept 30 1928, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit - Michigan — Date of Burial Oct. 1 1928

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS Baltimore St. & Broadway.

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103

E 37900

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 23-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P. Warnicke.

(a) RESIDENCE NO. 1 W. Heath St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~: Florence Warnicke.

6 DATE OF BIRTH (month, day, and year): February 22, ~~1866~~ 1877

7 AGE: Years 51 yrs. Months 7 Days 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town): Do not know.

(State or country)

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town): Do not know.

(State or country)

14 Informant: Florence Warnicke (wife)

(Address) 1 W. Heath St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 28, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Struck and knocked down by an automobile while crossing street.

Occidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Fernandez M. D.

(Coroner)

10/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Hanover & Ostend Sts. Sept. 28, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weston Date of Burial 10-2 1928

20 UNDERTAKER: John F. Fields ADDRESS 1200 W. Lombard

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 37901

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Maryland Ave ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Adelmann Einolf

(a) RESIDENCE NO. 1820 Maryland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: Chas. Einolf

6 DATE OF BIRTH (month, day, and year): Nov 19 1857

7 AGE — Years: 70 — Months: 10 — Days: 21 — If LESS than 1 day, hrs or min.: 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christian Adelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. B. Bahnhausen

(Address) 1820 Maryland Ave

15 Filed 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/28/28 19

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Sept 25, 1928,

that I last saw h[illegible] alive on Sept 25, 1928

and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [signature] M. D.

9/29, 1928 (Address) 54 Hudson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem'y

DATE OF BURIAL: 10/1/28 19

20 UNDERTAKER: Geo. Lumbach & Son

ADDRESS: 20 N. Howard St

Spec.—1-12-23—M&T—500 Bks.

E 37902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 37902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST., 7-11 WARD)

2-FULL NAME Walter (Wladyslaw) Morawski,

(a) RESIDENCE NO. [illegible] Monument St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 0/14

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Ignatius Morevski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victor Czermuski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Victor Morawski (Address) 2815 E. Monument St

15 Filed OCT 1 1928 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 7th, 1928, to Sept. 29, 1928, that I last saw him alive on Sept. 29th, 1928 and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clibical & Laboratory

(Signed) Henry C Smith, M. D.

9/29 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 10/2 1928

20 UNDERTAKER G.S. William Fiaffowsky — ADDRESS 148 Eastern

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37903

CERTIFICATE OF DEATH.

129 E 37903

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2834 Harford Ave. 9-46 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Wm. Andrew Handrahel

(a) RESIDENCE NO. 2834 Harford St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 45 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Susan B. Handrahel

6 DATE OF BIRTH (month, day, and year): Aug 23 - 1860

7 AGE: Years 68 | Months 1 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Pa

(State or country)

PARENTS

10 NAME OF FATHER: David Handrahel

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Ness

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pa

14 Informant: Wm. Handrahel

(Address) 2834 Harford Ave

15 Filed....., 19..... HAMILTON JONES, M. D.

Registrar

1-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928, to Sept 29, 1928, that I last saw h[illegible] alive on Sept 27, 1928, and that death occurred, on the date stated above, at 10,45 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Brights Disease

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Grad. Jimmerman, M. D.

9/30, 1928 (Address) 2815 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 BURIAL, CREMATION OR REMOVAL: Maryville Pa Date of Burial Oct 2 1928

20 UNDERTAKER: H S Marshall ADDRESS 953 Fall Rd

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37904

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2835 Hanover Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Simonds

(a) RESIDENCE NO. 2835 Hanover Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard H Simonds

6 DATE OF BIRTH (month, day, and year): Mar. 1859

7 AGE — Years: 69 — Months: 6 — Days: — If LESS than 1 day, hrs or min: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Howard Co.

PARENTS

10 NAME OF FATHER: Isaac Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Eliza Beth Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Richard H Simonds

(Address) 3346 Hickory Ave

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 29, 1928, that I last saw h[illegible] alive on Sept 28, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? 3346 Hickory Ave (Her Home)

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hiram Simonds M. D.

Oct 1, 1928 (Address) 846 W 36th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Oct 2 1928

20 UNDERTAKER: A S Marshall — ADDRESS: 2539 Pulaski

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37905

77 E 37905

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE: (No. 1 Balto md ST. 21-24 WARD)

2-FULL NAME Raymond Shilow

(a) RESIDENCE NO. 806 Marigold Pl ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred (Life) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lillian Shilow

6 DATE OF BIRTH (month, day, and year): Sept 13. 1891

7 AGE: Years 37; Months; Days 16; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jacquet Shilow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rose Jauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Balto City Hosp

(Address) Baltimore

15 Filed ....., 19 ..... Registrar

HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/29/28

17 I HEREBY CERTIFY, That I attended deceased from 7-19, 1928, to 7-29, 1928, that I last saw h[illegible] alive on 7-29, 1928, and that death occurred, on the date stated above, at 10. A.M. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

" Acidosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Henry Schmidt M.D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: [illegible]

ADDRESS: 502 E Lafayette

Spec.—1-10-21—M&T—1500 Blks.

E 37906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 37906

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Vol. of America Hospital ST., WARD

2-FULL NAME Edward Kohl

(a) RESIDENCE NO. 5624 Govane ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Kohl

6 DATE OF BIRTH (month, day, and year) Aug. 22-1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. of min.
63	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): John Hancock Insurance Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Henry G Bonhage

(Address) 6202 Elmbank Rd Wash

15 Filed OCT 1 - 1928 HAMILTON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16. 1928. to Sept 29. 1928. that I last saw him alive on Sept 28. 1928 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. J. Conrey, M. D.

, 19 (Address) Vol. America Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hayden — DATE OF BURIAL: 10/1 1928

20 UNDERTAKER: W M Cook — ADDRESS: 502 E Nash

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37907

CERTIFICATE OF DEATH.

E 37907

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Hollins St ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C Maxwell.

(a) RESIDENCE No. 905 Hollins St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6th 1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 031

(b) General nature of industry, business, or establishment in which employed (or employer) machinist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robt Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa

12 MAIDEN NAME OF MOTHER Mary Lindenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Laura Hunecamp (Address) 905 Hollins St.

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 1928, to Sept 29 1928, that I last saw h alive on Sept 29 1928 and that death occurred, on the date stated above, at 4:40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Arterio-Sclerosis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Howard Moorwood M. D.

1929 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Oct 2nd 1928

20 UNDERTAKER John J Cowan & Son

ADDRESS 90 Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37908

CERTIFICATE OF DEATH.

129 E 37908

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Cook

(a) RESIDENCE NO. 1707 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice B. Cook

6 DATE OF BIRTH (month, day, and year) Feb 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race Track

(b) General nature of industry, business, or establishment in which employed (or employer) Employee

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New Rochelle, N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Alice B. Cook

(Address) 1707 Madison Ave

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia- Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. R. Wilson M. D.

(Coroner)

10/1/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial 10/1 1928

20 UNDERTAKER Edward Stansky ADDRESS 728 Belair

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37909 E 37909

101-001

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 523 Archer St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Satchell

(a) Residence No. 523 Archer St.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb. 20 - 1908

7-AGE. 20 yrs. 8 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS

10-NAME OF FATHER. Julius Satchell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Emma Freeman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

11- (Informant) Eugene Freeman

(Address) 523 Archer St

15- Filed 1928 HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) Sept 28-1928

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26 1928 to Sept. 28 1928

That I last saw h[illegible] alive on Sept. 27 1928

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Tb Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Sept. 1928 (Address) 2 Gladstone Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. 10/1 1928

20-UNDERTAKER. Edmund Hawley Beddie ADDRESS 578

Spec.—1-12-23—M&T—500 Bks.

E 37910 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37910

CERTIFICATE OF DEATH.

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 238 Laurens ST. (14-20 WARD)

2-FULL NAME Fletcher Corwin Gosnell

(a) RESIDENCE NO. 238 Laurens ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 76 yrs. 6 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jane Gosnell

6 DATE OF BIRTH (month, day, and year) March-18-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Briklaying

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Marysville Ohio

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Verna M. Gordenson daughter (Address) 238 Laurens St.

15 Filed Sept. 30, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Sept. 30, 1928, that I last saw him alive on Sept. 29, 1928 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. T. Shumaker, M. D.

Sept. 30, 1928 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Sept 30 1928

UNDERTAKER Stewart & Conn Co ADDRESS 108 W North Ave

C. HAROLD WILES, M.

OCT 1 1928

Spec.—2-29-28—L. F. S.—500 Bks.

218206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37911 — CERTIFICATE OF DEATH — + 49 — E 37911

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank - Proats

(a) RESIDENCE NO. Fair Play - Md ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Leona

7 DATE OF BIRTH (month, day, and year)

8 AGE: 50 (Years | Months | Days | If LESS than 1 day, hrs. or min.)

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md

11 NAME OF FATHER: John Proats

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Leah Engman

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

15 Informant: Leona -
(Address)

Filed OCT 1 1928 19 H. J. O'Malley M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-30-28

17 I HEREBY CERTIFY, That I attended deceased from Sept-25, 1928, to Sept-30, 1928, that I last saw h/A/I alive on Sept 30, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Dual endothelioma

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Removal of tumor

Did an operation precede death? Yes Date of Sept 28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Ridgeway Gwynn M. D.

Oct 1 1928 Address Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mausoleum — Manor Cemetery

DATE OF BURIAL: 10-2 19-

20 UNDERTAKER: C. E. Sumwalt Co

ADDRESS: Reisterstown Md

Spec.—2-29-28—L. F. S.—500 Blks.

21683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37912

CERTIFICATE OF DEATH

× 40 E 37912

REGISTERED NO. 211

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Luther Hodson

(a) RESIDENCE NO. Clarkstown ST., Ind WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Minor Hodson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va —

12 MAIDEN NAME OF MOTHER: Mice Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va —

14 Informant: Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Aug 18th, 1928 William E Lewis Local Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 17, 1928, that I last saw him alive on Aug 17, 1928, and that death occurred, on the date stated above, at 8 10a m.

The CAUSE OF DEATH* was as follows:

Aortic stenosis + insufficiency

Mitral insufficiency Myocardial insuff.

(duration) 24 yrs. mos. ds.

CONTRIBUTORY (Secondary): Sudden death — ? cause

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) James Bordley, M. D.

8-17, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Monocacy or Baltimore Cemetery

DATE OF BURIAL: 8/19 1928

20 UNDERTAKER: M. J. Wallace Sons

ADDRESS: Gamaville Md.

Spec.—1-12-23—M&T—500 Blks.

E 37913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital (Name given Hospital or Institution)

CITY OF BALTIMORE: (No. 4-30 ST., Ward) Washington

REGISTERED NO. 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Williams

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 months	8 days	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Davidsonville Md.

PARENTS

10 NAME OF FATHER Geo. Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. Parker (Address) Davidsonville

15 Filed Aug 29 1928 M. Luckett Dalehurst, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23 1928.

17 I HEREBY CERTIFY, That I attended deceased from August 2, 1928, to August 23, 1928, that I last saw him alive on August 23, 1928, and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute intestinal indigestion with diarrhea. Malnutrition. Bronchopneumonia.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) G. K. Gilck, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Davidsonville — DATE OF BURIAL Aug 29 1928

20 UNDERTAKER Jas. F. Cox Edgewater — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 37914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 37914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Balto. Gen. Hosp. (WARD) 33 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Jenkins Hickman

(a) RESIDENCE NO. 1100 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hickman

6 DATE OF BIRTH (month, day, and year) Sept 7, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John C. Hickman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Mary V. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Record (Address)

15 Filed 19 C. HARRISON JONES, M. D. Registrar

1 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/24, 19 28, to 9/29, 19 28,

that I last saw him alive on 9/29, 19 28,

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9/21/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) A. Hilton Bacon M. D.

9/29 1928 (Address) 5 E. Balto St. Sanitorium

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Oct 2 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 37915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37915

REGISTERED NO. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 5-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Roman

(a) RESIDENCE No. 127 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Single~~ Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Roman

6 DATE OF BIRTH (month, day, and year) Oct 12, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
52	51	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer) Carr & Lowry Glass Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Adam Roman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Matilda?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 1928, 19 Registrar

C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928.

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 1928, to 9-29, 1928, that I last saw h/M alive on 9-29, 1928 and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Coccyx

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

2 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) John C. Mason M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL Oct 2 1928.

20 UNDERTAKER Miss Mrs. John W. Penfold & Son ADDRESS 501 W. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

2 1 8 1 27

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37916

CERTIFICATE OF DEATH

E 37916

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wiley Ray

(a) RESIDENCE NO. 294 N. Mount ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female

4 COLOR OR RACE Colored

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) Single

6 DATE OF BIRTH (month, day, and year) Unknown 1890

7 AGE Years 28 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Jeremiah Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Dennie McLean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala

14 Informant Records (Address)

15 Filed ..., 19 ... Per ... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1928 to Sept. 29, 1928 that I last saw h/im alive on Sept 29, 1928 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Liver

Pyelitis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harold Finkelstein, M. D.

Sept. 29, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N. C. DATE OF BURIAL Oct 1928

20 UNDERTAKER Sand. H. Chase & Son ADDRESS 1400 Mich

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37917

90 E 37917

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 559 Oxford St. 17-24 Ward)

2-FULL NAME Mary L. Phillips

(a) RESIDENCE NO. 559 ~~Oxford~~ Orchard St

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Phillips

6 DATE OF BIRTH (month, day, and year) June 14 - 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ofl

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER John Parker

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Henry Phillips

(Address) ~~559 Oxford~~ Orchard St

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

Signed ..... Coroner M. D.

Sept 30 1928 (Address) North Ave & Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dist Cemetery Date of Burial 10/1 1928

20 UNDERTAKER David Easter ADDRESS 915 Pulaski

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37918

CERTIFICATE OF DEATH

47

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1111 S. Ellwood Ave. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Ann Jenkins

(a) RESIDENCE NO. 1111 S. Ellwood ave ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

..a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm M. Jenkins.

6 DATE OF BIRTH (month, day, and year) Oct. 28th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Daniel Boswell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ellen Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irelandd

14 Informant Wm M. Jenkins Husband

(Address) 1111 S. Ellwood ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28th 1928

17 I HEREBY CERTIFY, That I attended deceased from July. 1927. 19—. to Sept-28—. 19 28 that I last saw h er alive on Sept-27— 19 28 and that death occurred, on the date stated above, at 12.25 m.

The CAUSE OF DEATH* was as follows:

Malig. Dis - Right Breast - (Carcinoma)

(duration) 1 yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary) Pulmonary Metastasis

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

19 (Address) 125 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct. 2nd 1928
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc.	4038 Wolfe st

Spec.—1-12-23—M&T—500 Blks.

E 37919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37919

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 69 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie White

(a) RESIDENCE No. 61 N. Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie White

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years: 25 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: George Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Eliza Holden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant

(Address)

15 Filed 1926 C. HARRISON JONES, M. D. 191 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 25th 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 24th, 19 28, to Sept. 25th, 19 28, that I last saw h alive on Sept. 25, 19 28 and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Fail

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Henry C. Smith, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner of Health. For Wm. E. Woodall

ADDRESS

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37920

CERTIFICATE OF DEATH

E 37920

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2—FULL NAME Pearley Dunnington

(a) RESIDENCE NO. 204 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days: 12 hrs | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Willie Ross

11 BIRTHPLACE OF FATHER (city or town) Petersburg (State or country) Va

12 MAIDEN NAME OF MOTHER Cecelia Dunnington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-26-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-25, 1928, to Sept-26, 1928,

that I last saw he alive on Sept-26, 19

and that death occurred, on the date stated above, at 6 10 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E. C. Goodwin, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 1 19

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—MAT—1800 Blks.

E 37921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37921

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 16-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Austin Garner Jr.

(a) RESIDENCE No. 3007 Harlem Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 29th 1928

7 AGE: Years — Months — Days: 1/2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas Austin Garner Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Cecil Fleiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Mary Emily Fleiter Mother (Address): 2117 Eutaw Pl. Baltimore Md.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 1 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29th 28 to Oct. 1 1928

that I last saw him alive on Oct. 1 1928

and that death occurred, on the date stated above, at 5-45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.: Instrumental delivery

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Allen C. Bantham M. D.

10/- 1928 (Address) 3139 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Oct 2 1928

20 UNDERTAKER: Mr & Mrs John W. Teufel & Son ADDRESS: 601 W. Fayette

Form 10-Keep important.—See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 37922

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial St. Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Jennie Lester

(a) RESIDENCE NO. Homewood Apartments ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 12 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward W. Lester

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57.	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James G. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edward W. Lester

(Address) Homewood Apartments

15 Filed ... 19 ... C. HAMILTON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Sept 30, 1928, that I last saw her alive on Sept. 30, 1928 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Poly cystic Degeneration of Kidneys

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Sept 27/28

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) George L. Eaton, M. D.

, 19 (Address) Union Memorial Hosp'l.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	10/2 1928
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 37923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37923

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Linden Avenue ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jeanie D. Barbour

(a) RESIDENCE NO. 1205 Linden Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S., If foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jonathan Yates Kent Barbour

6 DATE OF BIRTH (month, day, and year) May 15, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Maryland

PARENTS

10 NAME OF FATHER Robert E. Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co Maryland

12 MAIDEN NAME OF MOTHER Anna Stockett Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Maryland

14 Informant Mrs. Annie G. Hoisan

(Address) 1205 Linden Avenue

15 Filed 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/30/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Sept 30, 1928, that I last saw h[illegible] alive on Sept 29, 1928 and that death occurred, on the date stated above, at 5 45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Interst Nephritis

(duration) 5 yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis T. Magee M. D.

9/1/28 19, (Address) The Eglantine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 10/2 19 28

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 505 N Calvert

Spec.—1-12-23—M&T—500 Bks.

E 37924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37924

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S Castle ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Harrmann

(a) RESIDENCE No. 13 S Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of John H. Harrmann

6 DATE OF BIRTH (month, day, and year) Nov 17 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Koeber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jennie Herrmann (Address) 1817 Ruxton Rd

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928, to Sept 30, 1928, that I last saw h[illegible] alive on Sept 29, 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John T Avery, M. D.

19 (Address) 1603 Bro[illegible]way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 3 1928

20 UNDERTAKER W. E. Hoffstine

ADDRESS 37 S Can

Spec.—2-29-28—L. F. S.—500 Bks.

E 37925 ~~37925~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37925 57 37925

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~8-40~~ ST. WARD)

2—FULL NAME Catherine Becker

(a) RESIDENCE NO. 3109 Mansion Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 18 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Clara Fichtner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friends
(Address)

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-29-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 . 1928 to Sept 29 . 1928 ,

that I last saw h alive on Sept-29 . 19

and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Diabetes Mellitus

Chr Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of blood & urine

(Signed) C. H. Briggs, M. D.

9/29. 1928 (Address) 1 A. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 9/2/28

20 UNDERTAKER: George A Farley — ADDRESS: Fulton & Fayette

Spec.—1-10-21—M&T—1500 Blks.

E 37926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37926

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Edmondson St. 16-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eda L Tindall

(a) RESIDENCE NO. 1800 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J J Tindall

6 DATE OF BIRTH (month, day, and year) Dec 12 1853

7 AGE Years 74 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME Timothy Dempsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah J Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary L Tindall

(Address) 1800 Edmondson

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1928

17 I HEREBY CERTIFY, That I attended deceased from August 30 1928 to Sept 28 1928 that I last saw h[illegible] alive on Sept 27 1928 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows: Cardio Vascular hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) George M Little M. D.

9/30 1928 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 10/1/28

20 UNDERTAKER Smyth Tilley Fulton & Tagart ADDRESS

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37927 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37927

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH
City of BALTIMORE: (No. LeRoy Green St. 21-29 Ward)

Registered No.

2-FULL NAME 906 Russell ST

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 906 Russell ST (Usual place of abode) St., Ward

Length of residence in city or town where death occurred 1 yrs. 1 mos. — ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) aug 16-1927

7-AGE, 1 yrs. 1 mos. ds. LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (City or town) (State or Country): Delta Ala

PARENTS.

10-NAME OF FATHER: Charles Green

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Eve Wright

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14- (Informant) Charles Green (Address) 906 Russell St

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 9-29-1928

17- I HEREBY CERTIFY, That I attended deceased from 9-25, 1929 to 9-29, 1928 that I last saw h. alive on 9-29, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchs-Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Cooke M. D.

, 19 (Address) 501 N Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Calvary — DATE OF BURIAL, 10-2-1928

20-UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

Alford Taylor

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37928

CERTIFICATE OF DEATH.

91-102

E 37928

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. (Ward) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alford Taylor

(a) RESIDENCE NO. 1712 Ethnop St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE: Years 62; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balto md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Wm Braxton

(Address) 1821 Lorman St

15 Filed 2-1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest and from (autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) A. C. Hadley M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Oct 2 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 303 Dittman St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1416
31 E 37929

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 69 T. B WARD)

2-FULL NAME Donnie Livingston

(a) RESIDENCE No. 1516 E. Fairmount Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Livingston

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Clark Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Roxana Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Lester Shaw
(Address) 1516 E. Fairmount Ave.

15 Filed 2 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28 19 28

17 I HEREBY CERTIFY, That I attended deceased from August 17 . 1928 . to Sept. 28 . 1928 , that I last saw her alive on Sept. 28 . 1928 and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Caseous Broncho Pneumonia.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Lab., Patho.

(Signed) Henry C Smith M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery | DATE OF BURIAL oct 1 1928

20 UNDERTAKER Edward Bryan | ADDRESS 1681 orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37930

CERTIFICATE OF DEATH.

188 1928 37930

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 93-31 Ward)

2-FULL NAME Mary Ruffin

(a) RESIDENCE NO 1114 Huffelberger St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ruffin

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Henry Ruffin

(Address) 1536 Cassard St.

15 Filed Oct 2 1928 HARRISON JONES

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 29th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Automobile accident) Fractured pelvis, Compound fracture both legs.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

(Signed) F. C. Luck M. D.

(Coroner)

Oct. 30 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Broad and Aisquith Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Oct. 2, 1928

20 UNDERTAKER Wm. R. G. Elliott ADDRESS 1725 Eastern Ave

very important. See instructions on back of certificate. PART STATEMENT OF OCCUPATION IS

Spec.—8-24-14—M. & T.—2000 Bks.

E 37931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37931

CERTIFICATE OF DEATH.

90

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Enlow Alley St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Duey

(Residence in Baltimore: No. 215 Enlows Alley St.; 30 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Yellow

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., (Month) ..... (Day) 1873 (Year)

7-AGE, 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Leong

(Address) 221 Enlows Alley

15-

Filed OCT 2 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1928, to Sept 29 1928, that I saw h[illegible] alive on Sept 28 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

.....
Myocarditis
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) [illegible] Blot M. D.

10-1-, 1928. (Address) 714 Med. arts Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Oct. 2, 1928

20-UNDERTAKER Lee O. Mitchell Bros. ADDRESS 900 Eutaw Place

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37932

CERTIFICATE OF DEATH.

E 37932

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Horner

(a) RESIDENCE NO. Joppa Rd & 9th ave Carney St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Horner

6 DATE OF BIRTH (month, day, and year) Jan 9/1898

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	30	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Co., Md.

PARENTS

10 NAME OF FATHER Wilfred H. fuller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Rosalie Dent

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Charles Co., Md.

14 Informant Husband

(Address) C. HAMILTON JONES, M. D. Attd

15 Filed ....., 19 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus ?

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Resporatory Paralysis (duration) yrs. mos. ds.

(Signed) J. S. Ball, M. D. (Coroner)

10/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hiss M. E. Cemetery — Date of Burial: 10/3/28

20 UNDERTAKER: Frederick Lansdale — ADDRESS: Fullerton

very important. See instructions on back of certificate.

Spec.–7-17-26–A Co. 200 Bks.

E 37933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 37933

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2810 Grindon Ave., Laurevilk 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis S. Pennell

(a) RESIDENCE NO. 2810 Grindon Ave., Laurevilles St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24th 1867

7 AGE Years 61 Months 2 Days 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R. 03

(c) Name of employer

9 BIRTHPLACE (city or town) Waynesboro, (State or country) Pa.

PARENTS

10 NAME OF FATHER William Pennell

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Susan Morganthall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. A. P. Little (Address) 2810 Grindon Ave., Laurelville M

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1st 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 1, 1928, that I last saw h[illegible]ative on Sept 30 1928 and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion & 7 weeks
Cardiac Insufficiency
Coma (duration) hrs.

CONTRIBUTORY (Secondary) Pulmonary Tuber-culosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What tests confirmed diagnosis?

(Signed) Clara Swink, M. D.

10/1/28 (Address) 4 2 Mitchell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Oct. 3 19 28

20 UNDERTAKER Frederick Lassahn ADDRESS Fullerton

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 37934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37934

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Chester St., 1-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Moeitz

(a) RESIDENCE NO. 721 N. Chester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND (or) WIFE of: Minnie Moeitz

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Moeitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Freddie Abramowitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Minnie Moeitz

(Address): 721 N. Chester St.

15 Filed OCT. 2 - 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/1 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Sept 28, 1928, that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Ch Pulmonary Th.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. E. Horwitz, M. D.

10/1, 1928 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Kenesseth

DATE OF BURIAL: 10/1 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Baltimore

Spec.—1-23—[illegible] E-37935

HEALTH DEPARTMENT—CITY OF BALTIMORE E 37935

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST.) 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Oliver

(a) RESIDENCE No. 923 Shuter Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Loyd Oliver

6 DATE OF BIRTH (month, day, and year): January 1883

7 AGE: Years 45 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Jennie Folks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 Filed OCT 2 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28, 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9-10, 19 28, to 9-28, 19 28

that I last saw her alive on 9-24, 19 28

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Inflammatory Abscess

Of Rectum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9-18 28

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) John E. Moran M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: Oct 2 19 28

20 UNDERTAKER: Mrs A. A. Elliott

ADDRESS 1725 Ashland Ave

Spec 2-29-[illegible] 1,000 Bks.

E 37936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37936

CERTIFICATE OF DEATH

88

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 907 Rutland ST., 713 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joe Mills

(a) RESIDENCE NO. 907 Rutland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lucy Mills

6 DATE OF BIRTH (month, day, and year) [illegible] 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Littleton N.C.

PARENTS

10 NAME OF FATHER Christopher Mills

11 BIRTHPLACE OF FATHER (city or town) Littleton (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mildred ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Lucy Mills

(Address) 907 Rutland

15 Filed OCT 2 1928 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29, 28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928, to Sept. 29, 1928, that I last saw h— alive on Sept 29, 1928 and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis - Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. & sym.

(Signed) W. L. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Littleton N. C.	Oct 3 19 28
20 UNDERTAKER	ADDRESS
Wm. R. A. Elliott	1725 E. Fairmount Ave

Spec.—1-12-23—MAT.—500 Blks.

E 37937

E 37937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-4-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Booth Jr.

(a) RESIDENCE NO. 614 Lyndon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Wiggles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records (Address)

15 Filed OCT 2 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-26 19 28 to 10-1 19 28

that I last saw him alive on 9-30 19 28

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Appendix

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9-26 28 appendectomy

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John C. Moran, M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ant. Olivet Cemetery

DATE OF BURIAL Oct. 3 1928

20 UNDERTAKER George L. Schwartz

ADDRESS 1101 Fleet Ave.

Spec.–7-17-26—A Co.—200 Bks.

E 37938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37938

CERTIFICATE OF DEATH

100-001

REGISTERED NO. 7-56

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3610 Spalding Ave St., (or) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Carroll

(a) RESIDENCE NO. 3610 Spalding Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 18 ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Edw J Carroll

6 DATE OF BIRTH (month, day, and year): June 14 1870

7 AGE — Years: 58 Months: 3 Days: 18

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Funeral Director

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Clay McGinnis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ky

12 MAIDEN NAME OF MOTHER: Mary A. McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs J. K. Heine

(Address) 3610 Spalding Ave

15 Filed OCT 2 - 1928 19 C. HARRISON JONES Registrar

Field

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 29 1928 to Oct 1 1928

that I last saw h alive on Oct 1 1928

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) A. E. Hornstein M. D.

Oct 2 1928 (Address) 733 Asquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: 10-5 1928

20 UNDERTAKER: Bernard C Hailer ADDRESS: 1000 Pace St

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Bks.

E 37939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37939

CERTIFICATE OF DEATH.

1729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Druid Hill Ave. St. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Alfred Young

(a) RESIDENCE NO. 1340 Druid Hill Ave. ST.

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE Years 75 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER Thos Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Robert Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard Elbourne

(Address) 1100 E Hillsboro

15 Filed OCT 2 - 1928 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28, 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 1, 19 28 to Sept. 28, 19 28, that I last saw him alive on Sept. 28, 19 28 and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. 0 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. White, M. D.

19 (Address) 1020 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn DATE OF BURIAL Oct 2 1928

UNDERTAKER Samuel T Hemsley & Bro ADDRESS 578 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37940

CERTIFICATE OF DEATH

REGISTERED NO. 31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Linden Av ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George E Knox Jr

(a) RESIDENCE NO. 930 Linden Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 2 1890 ~~1857~~

7 AGE: Years 38 ~~41~~ | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Knox Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Collet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sarah Collet
(Address): 930 Linden Ave

15 Filed 2-1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 30, 1928, that I last saw him alive on Sept 29, 1928 and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

t8 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. S. McCann, M. D.

10/2, 1928 (Address) 2005 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem DATE OF BURIAL Oct 3 1928

20 UNDERTAKER: Samuel F Hemsley ADDRESS 578 Middle

Spec.—2-29-28—L. F. S.—500 Blks.

E 37941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37941

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 185

CITY OF BALTIMORE: (No.) 5280 Reisterstown Road ST., (WARD) 7-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles F. Corkran

(a) RESIDENCE NO. 5280 Reisterstown Rd ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Corkran

6 DATE OF BIRTH (month, day, and year): March 13, 1856

7 AGE — Years: 72 — Months: 6 — Days: 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt.

(b) General nature of industry, business, or establishment in which employed (or employer): Rock Quary

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Corkran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Lena Corkran

(Address) 5280 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Oct 1st, 1928, that I last saw him alive on Oct 1st, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism, Chronic Mitral Endocarditis & Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fractured Femur.

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. S. Corkran, M. D.

Oct 2, 1928 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 10/3 1928

20 UNDERTAKER: [illegible]

ADDRESS: [illegible] Eutaw

Cor.—12-9-25—A Co.—200 Blks.

E 37942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37942

CERTIFICATE OF DEATH.

188-103

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 231 Scott St. 21-24 Ward)

2-FULL NAME George H. Filling

(a) RESIDENCE NO. 231 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa E. Filling

6 DATE OF BIRTH (month, day and year) March 21- 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Becker Bros

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward Becker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Rosa E. Filling

(Address) 231 Scott St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis due to ruptured intestine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feldes M. D.

(Coroner)

10/2/ 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? McHenry & Scott Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 10/3 1928

20 UNDERTAKER Williams Cook ADDRESS 502 E Wilkens

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

to Shannon

E 37943 HEALTH DEPARTMENT—CITY OF BALTIMORE 700 E 37943

CERTIFICATE OF DEATH

143-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2005 West Lafayette ST., 16-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hazel M Koutz

(a) RESIDENCE NO. 2005 West Lafayette ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer E. Koutz

6 DATE OF BIRTH (month, day, and year) April 9. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mabel Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Elmer E. Koutz

(Address) 3224 E Lombard

15 Filed ... 19 ... Registrar

2-1929 HAMPSON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30-1928

17 I HEREBY CERTIFY, That I attended deceased from September 23, 1928, to Sept 30, 1928, that I last saw her alive on Sept 30, 1928 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Nephritis Acute

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) ✓ yrs. 1 mos. ✓ ds.

(duration) ✓ yrs. ✓ mos. 1 hour

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George E. Shannon, M. D.

9/30, 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	10/3 1928
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 37944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37944

CERTIFICATE OF DEATH. + 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Birmingham

(a) RESIDENCE NO. Lincoln Rd-Halethorpe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12 1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oak Park Halethorpe Md

PARENTS

10 NAME OF FATHER Larkin Birmingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elsie L. Wysong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr Larkin Birmingham

(Address) Lincoln Rd - Halethorpe

15 Filed OCT 2 - 1928 HARRISON

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-23 1928 to 10-1 1928 that I last saw him alive on 9-30 1928 and that death occurred, on the date stated above, at 7:20 a m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis (under 2 years)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical:

(Signed) Reinhold M Ericson M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL Oct 3 1928

20 UNDERTAKER George J Smith

ADDRESS 1531 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37945

CERTIFICATE OF DEATH.

111-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal & Gy Hosp ST. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Clair

(a) RESIDENCE NO. Unknown ST. / WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs — mos — ds. How long in U. S., if of foreign birth? Life yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 56 Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address)

15 Filed OCT 2 1928, 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/22 1928 to 10/1 1928, that I last saw him alive on 10/1 1928, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

Unknown (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) H. W. Yeck M. D.

, 19 (Address) Bal & Gy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Walker Cem — DATE OF BURIAL: Oct 2 1928

UNDERTAKER: Stephen J Hillsworth — ADDRESS: 1373 Pleasant

TION is very important See instructions on back of certificates. EXACT statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 37946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37946

CERTIFICATE OF DEATH.

109-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Washington Blvd ST. 21-24 WARD)

2-FULL NAME Jess J. Schalitzky

(a) RESIDENCE NO. 714 Washington Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mo yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jess J Schalitzky

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gertrude Dischert

13 BIRTHPLACE OF MOTHER (city or town) Howard County (State or country)

14 Informant Gertrude M Schalitzky (Address) 714 Washington Road

15 Filed OCT 2 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Oct 1, 1928, that I last saw him alive on Sept 30, 1928, and that death occurred, on the date stated above, at 7 00 a.m.

The CAUSE OF DEATH* was as follows:

Abscess throat

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? abscess

(Signed) Raymond Johnson, M. D.

Oct 1, 1928 (Address) Parkland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 10/2 1928

20 UNDERTAKER Lillian Cook

ADDRESS 502 E North Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 37947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37947

CERTIFICATE OF DEATH

51

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3217 Evergreen Ave ST. Hamilton WARD)

REGISTERED NO. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph H. Hoeck

(a) RESIDENCE NO. 3217 Evergreen Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 7 ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Sing'l.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 24 1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attended School

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John. P. Hoeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara M. Krepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14

Informant John. P. Hoeck

(Address) 3217 Evergreen Ave.

15

Filed OCT 2 - 1928, 19

THOMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Octbr 1 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Oct. 1, 1928, that I last saw him alive on Oct. 1, 1928, and that death occurred, on the date stated above, at 10:25 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. J. Schmit, M. D.

10/2, 1928 (Address) 101 N. Carlton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Oct. 4 1928

UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E. Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37948 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37948

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Blanche Frances Geesey

(a) RESIDENCE NO. 1111 Patterson Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Baby

6 DATE OF BIRTH (month, day, and year) March 31 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
6 months		6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Geesey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Nellie Detwiler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed 2-[illegible]-1928 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-17, 1928, to October 1 S. 1928, that I last saw her alive on October 1 Sun, 1928 and that death occurred, on the date stated above, at 3 11 m.

The CAUSE OF DEATH* was as follows

Pneumonia - Catarrhal Bronchopneumonia (bronchial) Not Dysentery

Contributory Undetermined (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C Vandiver M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL Oct 3 1928

20 UNDERTAKER Edmonston Undertaking Co ADDRESS 347

Spec.—1-12-23—M&T—500 Blks.

E 37949 ✓ E 37949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 N. Glover ST., 7-10 WARD)

2-FULL NAME Chas P Nelson

(a) RESIDENCE NO. 626 N Glover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Nelson

6 DATE OF BIRTH (month, day, and year) Jan 3 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Bridge Op

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Louisa Gerry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Raymond Nelson (Address) 626 N Glover St

15 Filed 2- 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH 30

16 DATE OF DEATH (month, day, and year) Sept 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Sept 30, 1928, that I last saw him alive on Sept 29, 1928, and that death occurred, on the date stated above, at 2 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ✓ ds.

CONTRIBUTORY (Secondary) Cirrhosis Pulmonis + Asthma Hypertension (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bozeman, M. D.

10/1, 1928 (Address) 918 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL 10/3 1928

20 UNDERTAKER D. Leo M. Finkelstein

ADDRESS 811 N Wolfe

THON is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37950 ✓ E 37950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1643 Belt St. (ST.) 24-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Crowe

(a) RESIDENCE NO. 1643 Belt St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Crowe

6 DATE OF BIRTH (month, day, and year): Mar. 31 1874

7 AGE — Years: 54 — Months: 6 — Days: 1 — If LESS than 1 day, hrs or min:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Charles Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Sarah Topping

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mr. John R. Crowe 1643 Belt St.

15 Filed OCT 2 - 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-2 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Oct 2, 1928

that I last saw h[illegible]live on Oct 1, 1928

and that death occurred, on the date stated above, at 2:30 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. L. Campbell M. D.

Oct 2, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 10/4 1928

20 UNDERTAKER: J. Few McCully

ADDRESS: 130 E Fort

THION is very important See instructions on back of certificates. EXACT statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 37951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37951

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421 E. Hamburg ST. 24 WARD)

2-FULL NAME Infant of Mr. + Mrs. M. E. Chaney

(a) RESIDENCE NO. 421 E. Hamburg ST., 24 WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: — Months: — Days: — If LESS than 1 day 12 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Milton E. Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER: Clara M. Ware

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. M. E. Chaney
(Address) 421 E. Hamburg St.

15 Filed ..... 19 ..... Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1925, to Sept 1, 1925, that I last saw he alive on Aug 30, 1925 and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth
7 Mo utero gestation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Campbell M. D.

(Address) 444 Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: Sept 2 1925

20 UNDERTAKER: Commissioner Health,

ADDRESS

TION is very important See instructions on back of certificate.

1925 C. HARPER JOHNS 2841

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37952

CERTIFICATE OF DEATH

129 E 37952

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Walnut Ave WARD) 6-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Louise Haber

(a) RESIDENCE NO. 607 Walnut Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Major Louis F. Haber

6 DATE OF BIRTH (month, day, and year) May 10 - 1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

037

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: August Hammer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: J. Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. A. Thompson

(Address) 607 Walnut

15 Filed, 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 30/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 30 1927, to Sept 30 1928, that I last saw her alive on Sept 30 1928, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Myocarditis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Chronic Pyelonephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. Fergusson III D. M. D.

10/1/1928 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct 3 1928

20 UNDERTAKER: Mary M. Winfield

ADDRESS 501 E 22nd St

Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37953 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37953

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 12-30 St. 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mitchell

(a) RESIDENCE No. 712 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Isaac Hotchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-1 1928 to 9-26 1928

that I last saw him alive on 9-26 1928

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Aneurysm of Arch of Aorta

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis — Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & X Ray

(Signed) H. M. Hitch, M.D.

19 , 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 9 12 1928

20 UNDERTAKER: U.S. Steamer Health

ADDRESS

Per Jno E WOODALL

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37954

1-PLACE OF DEATH BALTIMORE CITY [redacted]

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 2230 ST. (WARD)

2-FULL NAME Charles Johnson

(a) RESIDENCE No. 641 S. Green ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed 19 2839 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1928, to 9-28, 1928, that I last saw her alive on 9-28, 1928, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Hypertension, aortic insufficiency (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin., Lab & X-Ray

(Signed) [redacted] M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37955

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 88

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 18-26 (WARD)

2-FULL NAME Anna Chief

(a) RESIDENCE No. 736 W Fayette ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Unable to obtain

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unable to get History

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-26 , 1928 , to 9-27 , 1928 ,

that I last saw her alive on 9-27 , 1928

and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. H. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dissented and buried 11-16-28	
20 UNDERTAKER	ADDRESS
Hom Cook	501 E North Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 37956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37956

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Port St. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katarzyna Czrapinska

(a) RESIDENCE NO. 721 S Port ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer at Home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanly Hudzinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Lucas Czrapinski

(Address) 721 S Port St

15 Filed 1928 19 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1928, to Sept. 30, 1928, that I last saw her alive on Sept. 29, 1928 and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsky, M. D.

19 (Address) 432 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Oct 3 1928

20 UNDERTAKER J W Czajenski ADDRESS 1930 Eastern

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—MAT—1500 Blks.

E 37957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37957

CERTIFICATE OF DEATH. 161-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2849 Lake St. 9-45 WARD)

2-FULL NAME Joseph Malone

(a) RESIDENCE NO. 2849 Lake. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 1 28

7 AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS
10 NAME OF FATHER John Malone
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Jane Meyer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John Malone 2849 Lake

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

2-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928.

17 I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .
that I last saw h alive on . 19 ,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Lived only 5 Minutes
5 Months (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Prematurity (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Thos Fa Simms, M. D.
10/2, 1928 (Address) 2878 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Oct 3 1928

20 UNDERTAKER: Geo f Ruth — ADDRESS: 1735 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37958

CERTIFICATE OF DEATH

90 E 37958

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N Madeira ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Hlavac

(a) RESIDENCE NO. 908 N Madeira ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hlavac

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Vaclav Havlik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Laura Hlavac

(Address) 908 N Madeira St

15 Filed , 19

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 19 28 to Oct 4, 19 28

that I last saw h alive on Oct 4, 19 28

and that death occurred, on the date stated above, at 6:15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) hrs. mos.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 7, 19 28 (Address) 908 N Madeira St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 9 1928

20 UNDERTAKER Frank Gerstner — ADDRESS 1906 N Wolfe

Instructions: See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37959 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001 E 37959

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 501 N. Collington Ave St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Velenovsky

(a) RESIDENCE NO. 501 N. Collington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Velenovsky

6 DATE OF BIRTH (month, day, and year) XXXX X

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria 10/2/28

PARENTS

10 NAME OF FATHER Albert Velenovsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Barbara Soukup

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Wife

(Address)

15 Filed 1928 Registrar

HAMPSON JONES M D

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 30-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

(Signed) J. H. Cullen M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Oct 3 1928

20 UNDERTAKER Paul X Otto Leitz ADDRESS 1900 Gilmore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Waskevac) ✓

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37960 E 37960

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp, ST. 8-17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma Waskevac

(a) RESIDENCE No. 2003 E. Federal St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16/27

7 AGE — Years: 1 — Months: 8 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Peter Waskevac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Katie Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Katie Waskevac
(Address) 2003 E Federal St

15 Filed , 1928 C. HAMPSON JONES, M. D.
By RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2/28. 19

17 I HEREBY CERTIFY, That I attended deceased from 9/27/28, 19, to 10/2/28. 19,
that I last saw h[illegible] alive on 10/2/28, 19,
and that death occurred, on the date stated above, at 9 45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 0 yrs. 1 mos ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? No, Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Irving S. Fillman, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 4 19 28

20 UNDERTAKER: Frank Creedon — ADDRESS: 1966 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37961

CERTIFICATE OF DEATH.

90

E 37961

1-PLACE OF DEATH Pronounced dead at the Mercy Hospital.

City of BALTIMORE: (No. ____ St. 14-24 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David E. Miles.

(a) RESIDENCE NO. 606 S. Fulton Ave. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of Carrie Miles.

6 DATE OF BIRTH (month, day, and year) January 22, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett Hayward Co.

9 BIRTHPLACE (city or town)

(State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Otis Miles (son)

(Address) 1113 N. Pratt St.

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

2 1928 Per ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis.
Acute dilatation of the Heart.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ M. D. (Coroner)

10/2 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? Bartlett & Hayward Co Busch & Hamburg

Former or usual residence Oct. 1 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial 10/3 1928

20 UNDERTAKER Robert Brockbank ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37962

CERTIFICATE OF DEATH

E 37962

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Vine St ST. 18-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Deaver

(a) RESIDENCE NO. 1012 Vine (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Deaver

6 DATE OF BIRTH (month, day, and year)

7 AGE: 41 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Holmes

(Address): 1012 Vine St

15 Filed 2-1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 19 28, to Sept 29 19 28, that I last saw h[illegible] alive on Sept 28 19 28 and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Horwood, M. D.

Sept 29 19 28 (Address) Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Loudon Cy — DATE OF BURIAL: Oct 2 1928

20 UNDERTAKER: Leonard Wheeler — ADDRESS: 699 Park Ave

Important: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 37963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37963

CERTIFICATE OF DEATH.

75-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 303 E North Ave ST. 12-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Proctor Curry

(a) RESIDENCE NO. 303 E. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas P. Curry

6 DATE OF BIRTH (month, day, and year) March 10 1864

7 AGE Years 64 Months 6 Days 22 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

10 NAME OF FATHER Joseph Proctor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Eliza Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

PARENTS

14 Informant Thomas P. Curry (Address) 303 E North Ave

15 Filed Oct 4 1928 Registrar C. HAMILTON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1928 to Oct 2 1928, that I last saw h alive on Oct 1 1928, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) a yrs. 17 mos Oct ds.

CONTRIBUTORY (Secondary) Chronic Arthritis (duration) 5 yrs. 7 mos. 20 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) C. H. Jones M. D.

Oct 3 1928 (Address) 610 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Rock Cem DATE OF BURIAL Oct 4 1928

20 UNDERTAKER Mount M. E. Church Cem ADDRESS

Harry Hankins & Co Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 37964

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6042 Bradford St. 12 Ward)

2-FULL NAME Daniel Orhaiser

(a) RESIDENCE NO. 6042 Broadford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29-927

7 AGE: Years 1 Months 9 Days 2 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Orhaiser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Mbynaroszyn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Catherine Orhaiser

(Address) 6042 Broadford St

15 Filed 2-1928 By C. PEARSON Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cystic Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) G. C. Blades M. D.

2/28 (Coroner)

1928 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem Date of Burial: 3-10-1928

20 UNDERTAKER: John M Welker ADDRESS: 4013 Chester Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37965

CERTIFICATE OF DEATH.

40E 37965

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3942 Hudson St., 27-46 WARD)

2-FULL NAME Dr. William F. Burke

(a) RESIDENCE No. 5222 York Rd. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Burke

6 DATE OF BIRTH (month, day, and year): Sept. 25-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50		4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lowell Mass.

PARENTS

10 NAME OF FATHER: James Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Margaret Burke
(Address) 5222 York Rd

15 Filed 1928 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Broken Compound (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) H. Wades, M. D.
(Coroner)
10-29-1928 (Address) 7436 Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Pikesville Cathedral Cem. DATE OF BURIAL: 10/31 1928

20 UNDERTAKER: J. F. Moran ADDRESS 3000 E Balto.

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37966

CERTIFICATE OF DEATH

74-001 E 37966

REGISTERED NO.

1—PLACE OF DEATH
CITY OF BALTIMORE (No. 19 S. Callington Ave ST., 1-3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Freda S. Berlin

(a) RESIDENCE NO. 19 S. Callington ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Berlin

6 DATE OF BIRTH (month, day, and year) Dec 28-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant D. Berlin (Address) 2317 Mondawmin Ave

15 Filed OCT 3 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to Oct 1 1928, that I last saw her alive on Oct 1 1928, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy — arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Louis Krause M. D.
10/7, 1928 (Address) 20 S. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem DATE OF BURIAL 10/3 1928

20 UNDERTAKER Jack Levin ADDRESS 1434 E Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-001 E 37967

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Hamilton Burke

(a) RESIDENCE NO. 1529 Baldwin St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James F. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dora Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James F. Burke

(Address) 1529 Baldwin St

15 Filed ..... 19 ..... Harrison Jones, Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 2, 1928, that I last saw him alive on Oct 2, 1928 and that death occurred, on the date stated above, at 4.05 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of Oct 1, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & post mortem

(Signed) Myron G. Tull, M. D.

Oct 3, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Mayo Hereden.

DATE OF BURIAL Oct 3, 1928

20 UNDERTAKER Chenowith Bros

ADDRESS 3613 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 37968

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 37968

CERTIFICATE OF DEATH.

REGISTERED NO. 1251

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2925 Benard St. (Ward)

2-FULL NAME Kenneth E. Crum

(a) RESIDENCE NO. 2925 Benard St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 10-1920

7 AGE: Years 7 Months 19 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: James A Crum

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Dora M Chalk

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: James A. Crum

(Address)

15 Filed OCT 9 1928, 19 HAMPSON, JAMES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. H. Morrison M. D.

(Coroner)

10/2, 1928 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial: Oct 4, 1928

20 UNDERTAKER: Brownstein ADDRESS: Mulberry

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Blks.

E 37969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37969

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1942 N Franklin (ST.) 20-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred F. Schneider

(a) RESIDENCE NO. 1942 N Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna A. Schneider

6 DATE OF BIRTH (month, day, and year): June 22 1859

7 AGE — Years: 69 Months: 3 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Anna A. Schneider (Address) 1942 N. Franklin St

15 Filed OCT 3 - 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 1928, to Oct 2 1928, that I last saw him alive on Oct 1st 1928, and that death occurred, on the date stated above, at 2-35 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hampmet, M. D.

Oct 2 1928 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy — DATE OF BURIAL: Oct 4 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2078 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks. Letter on file from Dr Hess, dated 10-5-1928

E 37970 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37970

CERTIFICATE OF DEATH

14-001 10-10-1928

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Craig Ave ST. [illegible] WARD 7 Garage 25)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. Westerkam

(a) RESIDENCE NO. 5209 Craig Ave ST., WARD

(Usual place of abode) Life (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ferdinand J.

6 DATE OF BIRTH (month, day, and year): May 15/72

7 AGE: Years 56 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Martin Willinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ferdinand J. Westerkam

(Address) 5209 Craig Ave

15 Filed OCT 3 1928 19 C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 2/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 2, 1928, that I last saw h[illegible] alive on Oct 2, 1928 and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Cortico-Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Right Side)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Hess, M. D.

10-2, 1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Oct. 4 1928

20 UNDERTAKER: Philip Herwig — ADDRESS 206 Orleans St

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37971

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

City of BALTIMORE: (No. 3514 Elliott St. 10-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V. Smith

(a) RESIDENCE NO. 3514 Elliott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: John J. Smith

6 DATE OF BIRTH (month, day, and year): Feb 28/62

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto

PARENTS

10 NAME OF FATHER: Thos. Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Virginia —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: John J. Smith

(Address): 3514 Elliott

15 Filed 9 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. 1 ds.

Oct 1 1928 (Signed) G. Grade M. D.

(Coroner)

19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 10/4 1928

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 37972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37972

CERTIFICATE OF DEATH

101-00

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1508 W Saratoga St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy Lee Speer

(a) RESIDENCE NO. 1508 W Saratoga St. Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1922

7 AGE — Years: 5 Months: 9 Days: 29 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): N.C.
(State or country)

PARENTS

10 NAME OF FATHER: Aaron Speer

11 BIRTHPLACE OF FATHER (City or town)
(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Ollie Lee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): N. C.

14 Informant: Ollie Speer
(Address): 1508 W Saratoga

15 Filed OCT 3 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct 1st, 1928, that I last saw h alive on Oct 1st, 1928, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Tetanus Traumatic

(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Reitzel, M. D.

10/2, 1928 (Address) 1508 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: Oct 3 1928

UNDERTAKER: Edward H. Chase Inc — ADDRESS: 1400 W Pratt

The answers to carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 37973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37973

188-103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frandly-Sguan Hospital St. 2 Ward 3)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy F. Sappington

(a) RESIDENCE No. 4602 Belvieu St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fml	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mattie A. Sappington

6 DATE OF BIRTH (month, day, and year) Nov 22 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
53	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jas. B Sappington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude E Craddock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mattie A Sappington
(Address) 4602 Belvieu Ave

15 Filed OCT 3 - 1928 C. HARPSON SMITH, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas W Brooke, M. D.
(Coroner)
, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL OCT 3 1928

20 UNDERTAKER Geo W Little — ADDRESS

INSTRUCTIONS ON BACK OF CERTIFICATE. — STATEMENT OF OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 37974 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37974

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St.) 19-28 (WARD) 113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Erbe

(a) RESIDENCE NO. 1823 Ramsay St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Erbe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Matilda Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs George Erbe

(Address) 1823 Ramsay St

15 Filed OCT 3 - 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-2, 19 28, to 10-2 19 28,

that I last saw h alive on 10-2, 19 28

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Colitis

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nicholas M. Zonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Swartz Cem.

UNDERTAKER A. Jones

DATE OF BURIAL Oct 6th 1928

ADDRESS W. S. Gilmore

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37975

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1823 Vine St., 14-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Addison

(a) RESIDENCE NO. 1823 Vine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alfred.

6 DATE OF BIRTH (month, day, and year) aug 1- 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Md

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Saml Hinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Chase

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sadie Bogdley, d

(Address) 310 N. Pine St

15 Filed OCT 8 1928 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. W. Brooke M. D.
(Coroner)

, 1928 (Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. Date of Burial Oct 3rd 1928

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37976

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. [redacted] ST. 2-4 WARD) 31

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Geller

(a) RESIDENCE (No. 517 So Ann ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: 57 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: maggie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 10-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-29 1928 to 10-1 1928 that I last saw him alive on 10-1 1928 and that death occurred, on the date stated above, at 12 00 midnt

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 10/3 1928

UNDERTAKER: W. M. Cook

ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37977 HEALTH DEPARTMENT—CITY OF BALTIMORE

218 5

CERTIFICATE OF DEATH

49 E 37977

1—PLACE OF DEATH

JHS HOSPITAL

CITY OF BALTIMORE: (No. ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonio Onorato

(a) RESIDENCE NO. 4013 Norfolk Avenue ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

.a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 24, 1894

7 AGE: Years 34 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer): Italian Consul

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Onorato

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Josephine Onorato

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Italy

14 Informant: Records

(Address)

15 Filed OCT 3 - 1928 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-19, 1928, to October 2, 1928, that I last saw him alive on October 2, 1928, and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Sept 18, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) I Ridgeway Trimble M. D.

Oct 2 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral

DATE OF BURIAL: 10/5 1928

20 UNDERTAKER: J M Cook

ADDRESS: 502 E North Ave

Instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37978

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 6-68 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Clarence Rohmer

(a) RESIDENCE NO. 2600 Riggs Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Rohmer

6 DATE OF BIRTH (month, day, and year) Dec 20. 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ballings

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Rohmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sabina Osborne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Anna Rohmer

(Address) 2600 Riggs ave

15 Filed OCT 5 - 1928 19 C. HAMPSON HARRIS, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 2 19 28

17

I HEREBY CERTIFY, That I attended deceased from 9-26, 19 28, to 10 - 2, 19 28

that I last saw h[illegible] alive on 10 - 2, 19 28,

and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Peritonitis

6 days. (duration) 1 yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? At his home

Did an operation precede death? Yes Date of Sept 26, 1928

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Archibald M Ervin, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount, A & C. Md

DATE OF BURIAL 10/5 19 28

20 UNDERTAKER Wm Cook

ADDRESS 527 E North Ave

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 37979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37979

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH 531 N. Patterson Park Ave REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 710 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas H. Jones

(a) RESIDENCE NO. 531 Patterson Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie

6 DATE OF BIRTH (month, day, and year): Aug. 21-1844

7 AGE: Years 84 | Months 1 | Days 10 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Isaac Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Ella Ennels

(Address) 531 N. Patterson Park Ave.

15 Filed OCT 3 - 1928 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-1-28

17

I HEREBY CERTIFY, That I attended deceased from 9-18-28, 19 , to 10-1, 19 28, that I last saw h— alive on 10-1, 19 28 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 10/4/1928

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1632 Druid Hill Ave

Important. See instructions on back of certificates.

Spec. 17-1 [illegible] Blks.

E 37980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37980

CERTIFICATE OF DEATH

161-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 414 E Element St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Jagerman

(a) RESIDENCE NO. 414 E Element St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 2 1928

7 AGE Years Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Ernest Jagerman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Latvia, Europe

12 MAIDEN NAME OF MOTHER Helen Cronch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Ernest Jagerman

(Address) 414 E Element St

15 Filed OCT 3 - 1928 C. HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 2, 1928, that I last saw her alive on Oct 2, 1928, and that death occurred, on the data stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Premature birth.

5½ mos. gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Data of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Hubert F Streett M. D.

10/3, 1928 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — Date of Burial: 10/4 1928

20 UNDERTAKER: L. Lew McCully — ADDRESS: 130 E Fort

Use pencil to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37981 ✓ E 37981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Eden ST., 5-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Cartwright

(a) RESIDENCE NO. 107 N. Eden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Daniel Cartwright

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Anne Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Wm. B. Cartwright

(Address) Belleros N. C.

15 Filed OCT 3 - 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 /, 19 25, to Oct 1, 19 28, that I last saw h in alive on Oct 1 19 28 and that death occurred, on the date stated above, at 7 55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs mos. 14 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Richard L. Caslinger M. D.

19 (Address) 1514 E Balto Balto md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Belleros N. C.	Oct. 4 1928
20 UNDERTAKER	ADDRESS
Chas. N. Johnson	416 N. Carolina St.

Important. See instructions on back of certificates.

Spec. 2629-2 [illegible] Bks.

E 37982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37982

CERTIFICATE OF DEATH

47

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] ST. 16-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lorella Elliot

(a) RESIDENCE NO. 1022 Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	black	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Freddie

6 DATE OF BIRTH (month, day, and year) 10/27/95

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harry Bussie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Hull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Friends.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 3 - 1928 19 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEPT 30-1928

17 I HEREBY CERTIFY, That I attended deceased from SEPT 26, 1928, to SEPT 30, 1928, that I last saw h[illegible] alive on SEPT 30, 1928 and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

CARCINOMATOSIS

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) H. Van Gutteson M. D.

10/2, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL Oct 4 1928

20 UNDERTAKER Joseph A Lively

ADDRESS 409 N Mount Street

Important. See instructions on back of certificates.

Spec.—5-19-13—M. & T.—500 Bks.

E 37984 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37983

11-002

CERTIFICATE OF DEATH.

21-27

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Lead St.) (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorcas Beechert

(Residence in Baltimore: No. 1221 Lead St.) (If not in Baltimore give town or county.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

~~SINGLE,~~ ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1850 (Year)

7-AGE, 78 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Gorney

(Address) 1221 Lead St.

15- OCT. 3 - 1928 Filed ..., 191... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1928, to Oct 2 1928, that I saw h[illegible] alive on Oct 1 1928, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Salmpth.

(Duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

10/4, 1928 (Address) 511 Lead

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... dr.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Elm. DATE OF BURIAL, Oct 4, 1928.

20-UNDERTAKER Geo Lenbeck & Sons ADDRESS 525 Lyndhurst St.

important. See instructions on back of certificate.

Spec. 1-10 [illegible] Bks.

E 37984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 37984

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1321 Hanover ST. 23-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie F. Sears

(a) RESIDENCE No. 1321 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs 5 mos. 15 ds. How long in U. S., if of foreign birth? [redacted] yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer C. Sears

6 DATE OF BIRTH (month, day, and year): April 17 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jos Salsbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Barbara Brubacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Elmer C. Sears 1321 Hanover St

15 Filed OCT 3 - 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 - 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Oct 2, 1928, that I last saw h[illegible] alive on Oct 1, 1928, and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 3 mos 2 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. R. Carnahan M. D.

1928 (Address) 6604 Hamond

*State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL 10-4 1928

20 UNDERTAKER: E. D. Hale — ADDRESS 113 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (Hospital, St., or Ward) Hynes Memorial Hospital

REGISTERED NO. 186-13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Barowcy

(a) RESIDENCE NO. 1612 Shakespeare St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21—1918

7 AGE: Years 10 Months 9 Days 10 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Biloxi

(State or country) Miss

PARENTS

10 NAME OF FATHER Alexander Barowcy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Dziza

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Alexander Barowcy

(Address) 1612 Shakespeare St

15 Filed ..... 19 ..... HARRISON JONES

1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to h... death on the day stated above.

18a CAUSE OF DEATH was as follows: Fracture of Skull

Fell from an Auto

(Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

10/2. 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem Date of Burial 10-4-28 19

20 UNDERTAKER: J W Ozarowski ADDRESS 1930 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37986

CERTIFICATE OF DEATH

61-001

E 37986

1-PLACE OF DEATH

City of BALTIMORE: (No. 4701 Greenhill ave St., Ward) Maternity

2-FULL NAME Mary Lutz

(a) RESIDENCE NO. 4701 Greenhill ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3-REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 2nd 1928

7 AGE: Years — Months — Days —

IF LESS than 1 day hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 Old

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Martin Lutz

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lola Bopp

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

PARENTS

14 Informant Martin Lutz

(Address) 4709 Greenhill Avenue

15 Filed OCT 3 - 1928 G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2d 6.40 p.m. 1928, to Oct. 2d 6.40 p.m. 1928, that I last saw b alive on . 19 , and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Premature birth
5½ months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Benj. D. Hayden, M. D.

10/31, 1928 (Address) 1216 N. Carrollton St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Oct 3 1928

20 UNDERTAKER: J. Frederick Lassahn — ADDRESS: 1 Fulton

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37987

CERTIFICATE OF DEATH

REGISTERED No. 37987

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1733 Rutland Ave. (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Bochmer

(a) RESIDENCE. No. 1733 Rutland Ave STREET. WARD.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Bertha Bochmer

6 DATE OF BIRTH (month, day, and year): June 1, 1844

7 AGE: Years 1 84; Months 4; Days 2; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): (retired)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hutchenwagen, Germany

PARENTS

10 NAME OF FATHER: — Bochmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Edw Mitchell (daughter)

(Address) 1733 Rutland Ave.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to Oct. 3, 1928, that I last saw h[illegible] alive on Sept. 30, 1928, and that death occurred, on the date stated above, at 3:00 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (senile)

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Philadelphia, Pa.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Dantus I. Baggott, M. D.

, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Philada Pa.

DATE OF BURIAL: Oct 5 1928

20 UNDERTAKER: Harry W. Ehlen

ADDRESS: [illegible] W. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

3 1928

Spec.—1-12-23—M&T—500 Hks.

E 37988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37988

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 26-27 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Gonzales

(a) RESIDENCE NO. Windsor Mill Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid -

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
78				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 3-1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3 1928

17 I HEREBY CERTIFY That I attended deceased from 6-17 1925 to 10-3 1928.

that I last saw h in alive on 10-3 1928

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Chr
Arteriosclerosis
Hypertention

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) P. W. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL 10/28.

20 UNDERTAKER Edward Jackson ADDRESS 2359 Loc...

Ver 3456

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 37989

HEALTH DEPARTMENT—CITY OF BALTIMORE

167-091 ✓ E 37989

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 W Lombard St. 14-28 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Meigsch

(a) RESIDENCE NO. 1416 W Lombard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 1 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Mar 10, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) — 014

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Ger

(State or country)

14 Informant Martha M. Backhaus

(Address) 1421 S. Carey St.

15 Filed _____, 19____ CAMERON JONES M D Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas. Suffocation (coal)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Chas. H. Grinder M. D.

(Coroner)

1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	Jan 4 1928

20 UNDERTAKER	ADDRESS
Mr Wm J W Tenfelde Sr	501 W. Fayette

Do not write in this space. Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37990

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3807 Dorchester Road (St.) 27-56 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Hambach

(a) RESIDENCE NO. 3807 Dorchester Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Hambach.

6 DATE OF BIRTH (month, day, and year) Jan 7. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68.	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 64

(b) General nature of industry, business, or establishment in which employed (or employer) Bank Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER August Hambach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Sin. Steiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sophia Hambach (Address) 3807 Dorchester Road.

15 Filed 10-3-1928 C. HARRISON JONES M.D. CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Oct 3, 1928, that I last saw him alive on Oct 3, 1928, and that death occurred, on the date stated above, at 3.15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. Autumn mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Wm. Lee Lee, M. D.

10/3, 1928 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Oct. 5 1928.

20 UNDERTAKER Jno. Geo. J. H. Teufel & Son ADDRESS 33, W. Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37991

CERTIFICATE OF DEATH

74-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 12 W. Hamilton ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edwin S. Rodgers

(a) RESIDENCE NO. 12 W. Hamilton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 0 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) March 3, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John J. Rodgers

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine J. Saunders

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14
Informant Miss Agnes Rodgers
(Address) 12 W. Hamilton Street

15
Filed 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5/28

17
I HEREBY CERTIFY, That I attended deceased from March 6th, 1926 to October 3rd, 1928.
that I last saw him alive on October 3rd, 1928
and that death occurred, on the date stated above, at 3 a. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 7 mos. — ds.

CONTRIBUTORY
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edgar D. Perkins, M. D.
(Address) 1 West Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	10/5 1928
20 UNDERTAKER	ADDRESS
Henry U. Mears & Son	805 N. Calvert

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37992

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 1112 Sergeant ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amanda E Miller

(a) RESIDENCE NO. 1112 Sergeant ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Balthazer Miller

6 DATE OF BIRTH (month, day, and year): July 1 1853

7 AGE: Years 75 | Months 3 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Ouida L McLaughlin

(Address) 1112 Sergeant St

15 Filed 3-1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 19 28 to Oct 1, 19 28

that I last saw h alive on Oct 1, 19 28

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senyeus Nightly

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Chas A Culm, M. D.

10/2, 19 28 (Address) 2105 N Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Oct 4 19 28

20 UNDERTAKER: William Cook — ADDRESS: 500 E North Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37993 E 37993

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 12-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. William H. Metz

(a) RESIDENCE NO. Mt Jewett, Penn. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. of Tannery &c

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Mr Henry Metz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Miss Anna L. Couch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Hospital Records.
(Address)

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

3-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Oct 3, 1928, that I last saw him alive on Oct 3, 1928 and that death occurred, on the date stated above, at 3:50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach of unknown duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation followed by obstruction and 22 operation (duration) 0 yrs. 0 mos. 14 ds.

18 Where was disease contracted if not at place of death? Penn. Sept 22, 1928

Did an operation precede death? Yes 2 Date of Oct 3, 1928

Was there an autopsy?

What test confirmed diagnosis? Microscopic sections

(Signed) George O Eaton, M. D.

, 19 (Address) Union Memorial Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Jewett Pa	10/4/28. 19
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co.	108 W. North Ave.

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37994

CERTIFICATE OF DEATH.

33 E 37994

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Lafayette Ave WARD) 16-23

2-FULL NAME Henrietta Gross

(a) RESIDENCE No. 1007 N. Lafayette Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Dorsey Gross

6 DATE OF BIRTH (month, day, and year) — — 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge
(State or country) Md

PARENTS

10 NAME OF FATHER Josiah Stanley
11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Md
12 MAIDEN NAME OF MOTHER Hester A. Griffin
13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md

14 Informant Leonora Tyler
(Address) 1007 N. Lafayette Ave

15 Filed OCT 4 - 1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/91, 1928, to Oct 1. 1928,
that I last saw her alive on Oct 1. 1928,
and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:
1 Uterine Carcinoma
2
3
(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. Lee Ellis, M. D.
10/2, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery
UNDERTAKER John H. Goodwin, 1937 Druid Hill Ave

DATE OF BURIAL Oct 4 1928
ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 3799 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 1-001

E 37995

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland STS.) 1-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Mildred Wilder

(a) RESIDENCE NO. Glyndon, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21-1909

7 AGE: Years 19 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): State Normal School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: David Wilder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Dina Silverstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: David Wilder

(Address): Glyndon Md

15 Filed OCT 4 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov 5, 19 28, to Oct 3, 19 28,

that I last saw her alive on Oct 3, 19 28,

and that death occurred, on the date stated above, at 7:35 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 33 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Glyndon, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Widal reaction.

(Signed) M J Cohen, M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Circle Cem

DATE OF BURIAL 10/4 19 28

20 UNDERTAKER: Jacob Lewis

ADDRESS 1409 E Balto St

IMPORTANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37996

100-001

E 37996

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 6-10 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Mayer

(a) RESIDENCE No. 2238 E. Fairmount Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Mayer

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 47 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Michial Mainel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis (Address) 1439 E Balt St

15 Filed Oct 4 1928 (19) H. M. Simpson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3 1928

17 I HEREBY CERTIFY, That I attended deceased from September 28. 1928. to October 3. 1928. that I last saw her alive on October 3. 1928. and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Pulmonary Oedema

Chronic Cholelithiasis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ludwick J Wolf M. D.

10-3. 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehren Rosedale

DATE OF BURIAL: 10/4 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks Mary A Henson Bowie

HEALTH DEPARTMENT—CITY OF BALTIMORE E 37997

E 37997

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 6-9 Ward)

2-FULL NAME Mary A. H. Bowie

(a) RESIDENCE NO. 2117 N Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant (Address) Isabell Willson 219 N. Durham st

15 Filed OCT 4 - 1928 19 C. HARRISON Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yr mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

Oct 3/28 (Signed) H C Yates M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial Oct 4 1928

20 UNDERTAKER Edward Bryan ADDRESS 691 Orleans St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156 E 37998

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 26-31 WARD)

2-FULL NAME Robert McCann

(a) RESIDENCE NO. 434 So. 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer) Typesetting

(c) Name of employer Sun Newspaper Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph McCann

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Anna Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed OCT 4 - 1928 C. HARRISON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-26, 1928, to 10-1, 1928, that I last saw him alive on 9-30, 1928 and that death occurred, on the date stated above, at 3:40 A m

The CAUSE OF DEATH* was as follows:

Acute Staphylococcic Arthritis of wrist

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Lymphaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9-27-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Morgan, M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Oct 4 1928

20 UNDERTAKER M. Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

William Collins Richardson, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37999

CERTIFICATE OF DEATH.

113 E 37999

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Ramsay St. ST. 14-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Collins Richardson Jr.

(a) RESIDENCE NO. 1422 Ramsay St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 15th. 1927

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Collins Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margt. V. Rausch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Margt. V. Richardson
(Address) 1422 Ramsay St.

15 Filed OCT 4 1928, 19 C. HAMPSON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 7th., 19 28, to Oct. 2, 19 28.

that I last saw h... in alive on Oct. 2, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal Indigestion

(duration) yrs mos 26 ds.

CONTRIBUTORY (Secondary) Pneumonia (bronchial)

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Povolaitis, M. D.

10/3, 1928 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	10/4 19 28

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eutaw Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38000

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Furrow ST. 2069 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith E. Harvey

(a) RESIDENCE NO. 206 S. Furrow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 30, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Francis Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Dortha A. Rimbach

(Address) 206 S. Furrow St.

15 Filed OCT 4 - 1928 19 C. HA[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 26, to October 2, 19 28, that I last saw h[illegible] alive on October 2, 19 28, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Revolute, M. D.

10/3, 1928 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct. 6 19 28

UNDERTAKER: George L. Schwartz — ADDRESS: 2101 Pulaski Hwy.

CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rec.—2-29-28—L. F. S.—500 Blks.

E 38004 HEALTH DEPARTMENT—CITY OF BALTIMORE. 464 E 38001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Marshall ST. 23-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie E. Fish.

(a) RESIDENCE NO. 1446 Marshall ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Robert J. Fish.

6 DATE OF BIRTH (month, day, and year) July 22, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mtn.
	61,	1,	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Benjamin Strine.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick, Md.

14 Informant Mrs. Wolf, Sister.

(Address) 1446 Marshall St.

15 Filed OCT 4 - 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 / 28

17

I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Oct 2, 1928, that I last saw h[er] alive on Oct 2, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes no Date of Mar 1/27

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) Mile Sipple, M. D.

Oct 3, 1928 (Address) 1319 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Gen	Oct 31 1928

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fort Ave

Important. See instructions.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38002

E 38002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 St Paul ST. 18-19 WARD

REGISTERED NO. 38 .

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aquilla White

(a) RESIDENCE NO. 1200 St Paul St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anita Amelia White

6 DATE OF BIRTH (month, day, and year) Oct 10/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter & Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Usual 050

(c) Name of employer Mr Stott

9 BIRTHPLACE (city or town) (State or country) Portsmouth Va

PARENTS

10 NAME OF FATHER Aquilla White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portsmouth Va

12 MAIDEN NAME OF MOTHER Hester Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portsmouth

14 Informant (Address) Mrs Amelia White 800 St Paul St

15 Filed OCT 4 - 1928 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Oct 3, 1928, that I last saw h alive on Oct 2, 1928 and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

American Aorta.

(Duration) yrs. 2? mos. ds.

CONTRIBUTORY (Secondary) Hepatitis

(Duration) yrs. 2? mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray Physical

(Signed) Wm A Magruder, M. D.

(Address) 120 Parkwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va — DATE OF BURIAL Oct 4 1928

20 UNDERTAKER Wm H. Chase Sons — ADDRESS 1400 Main

CAUSE OF DEATH TION is very important See instructions on back of certificate

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38003 × 38 E 38003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Campbell

(a) RESIDENCE NO. Hagerstown Md. 7 Winter St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2/28

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Thos. T. Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Myrtle Davis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Father

(Address) 7 Winter St Hagerstown

15 Filed OCT 4 1928 19 C. HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis- Probably Syphilitic

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Bell, M. D.

(Coroner)

10-4-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md Date of Burial 10/4 1928

20 UNDERTAKER William Cook ADDRESS 501 E North

tion should be carefully written in ink, so that it may be properly read. OF DEATH in plain terms, so that it may be properly understood. Every very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2027 E North Ave

E 38004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 38004

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Durham ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph E Leban

(a) RESIDENCE NO. 1822 N. Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Amelia E. Leban

6 DATE OF BIRTH (month, day, and year): Aug 12, 1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Leban

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amelia Leban

(Address) 1822 N. Durham

15 Filed OCT 4 1928, 19 C. HUNTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928 to October 2, 1928; that I last saw h[illegible] alive on October 2, 1928, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterial hypertension

Arteriosclerosis, general

(duration) 7 yrs mos ds.

CONTRIBUTORY (Secondary): Uraemia & Exhaustion

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Cornwell M. D.

10/3, 19 28 (Address) 2015 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 10-5 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

Important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Blks.

E 38005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST. 13-57 146 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Williams

(a) RESIDENCE NO. 65 Darby ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5 If married, widowed, or divorced (or) WIFE of Raymond J. Williams

6 DATE OF BIRTH (month, day, and year) June 25 1909

7 AGE: Years 19 Months 3 Days 5 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Emmert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Josephine Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hosp - Records.

15 Filed OCT 4 - 1928 C. HARPER JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 19 28, to Oct 2, 19 28, that I last saw her alive on Oct 3, 19 28, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Oct 1

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Vincent M. Messina, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Ceme

DATE OF BURIAL: Oct 5 19 28

20 UNDERTAKER: Shenouth & Hurst

ADDRESS: 1017

IMPORTANT: Use ink. Write CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38006

2 18 32

CERTIFICATE OF DEATH

161-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST., 7-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Kelly

(a) RESIDENCE NO. (Old Philadelphia Rd ST., WARD Riverdale Md
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/23/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Albert Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Boos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed OCT 4 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-3-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-28, 19 28 to Oct-3, 19 28 that I last saw h[illegible] alive on Oct-3, 19 28 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Haemorrhagic Disease of newborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral haemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) T. C. Good[illegible], M. D.

10/4, 19 28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Long Green Cemy DATE OF BURIAL Oct 5 19 28

20 UNDERTAKER Jos E Miller & Son ADDRESS 3334 Jeffers

Important. See instructions on back.

Cor.—12-9-25—A Co.—200 Bks.

E 38007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38007

144

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 8-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Richardson

(a) RESIDENCE NO. 1240 N. Gay St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Richardson

6 DATE OF BIRTH (month, day, and year) Feb 13/1893

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	35	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ella Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Husband

(Address)

15 Filed OCT 3 - 1928 19 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Premature Seperation of Placenta External Hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. M. Pearce M. D.

(Coroner)

10-4-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the [redacted] yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

Date of Burial Oct 5 1928

20 UNDERTAKER A. Rudolph

ADDRESS 1735 Hartford ave 1735 Hartford a

tion should be carefully supplied, so that it may be properly classified. OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 38008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38008

CERTIFICATE OF DEATH.

14-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 2275 Reisterstown Rd St. 13-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reinhart Frederick Searing

(a) RESIDENCE NO. 2275 Reisterstown Rd St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX Margaretta Searing

6 DATE OF BIRTH (month, day, and year) September 4th 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	63	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer James Scott

9 BIRTHPLACE (city or town)

(State or country) Scranton, Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Margaretta Searing

(Address) 2275 Reisterstown Rd

15 Filed OCT 4 1928 C. HARRISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) ... (Coroner) M. D.

10/3, 1928 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: Oct 4th '28

UNDERTAKER ... ADDRESS ...

Registrar

Spec. 6-[illegible] 1000 Bks.

E 38009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38009

CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 Bradyare ST. (or WARD) 25 W 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen M. Green

(a) RESIDENCE. No. 1508 Bradyare ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20 - 28

7 AGE — Years: — Months: 7 Days: 8 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Richard Drake

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER Sadie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs Sadie Green

(Address) 1508 Brady Ave

15 Filed OCT 4 - 1928 19

C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-3 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-26 1928 to Oct-3 1928 that I last saw h[illegible] alive on Oct-3 1928 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) 2 weeks ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

(Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 10/7/1928

20 UNDERTAKER: Wm. Jas. H. Holland

ADDRESS: 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that ... THON is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38010 E 38010

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 324. E. 22½ St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson

(a) RESIDENCE NO. 324. 22½ St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas W. Wilson

6 DATE OF BIRTH (month, day, and year): Oct 2, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town): Rock Hall, Md

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant: Charles W. Wilson

(Address) 324 22½ St.

Filed OCT 4 1928 C. HAMPSON JONES, M. D. Registrar

By H. Adams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept. 30, 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 19 28, to Sept 30, 19 28, that I last saw h alive on Sept 30, 19 28, and that death occurred, on the date stated above, at 3'00 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. A. Johnson, M. D.

, 19 (Address) 2329 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Oct 4, 1928

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Ave

tion should be entered, so that it may be properly classified. OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38011 HEALTH DEPARTMENT—CITY OF BALTIMORE 38011

CERTIFICATE OF DEATH

16-002

1—PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Fanguille

(a) RESIDENCE NO. 1303 Decatur ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/11/28

7 AGE: Years | Months 2 Weeks | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Fanguille

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Wilhelmina Braunhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) Johns Hopkins Hospital

15 Filed OCT 4 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-3-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-1, 1928, to Oct-3, 1928, that I last saw him alive on Oct-3, 1928, and that death occurred, on the date stated above, at 8 00 a m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary Dysentery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bilateral Otitis Media

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

10/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Brooklyn

DATE OF BURIAL Oct 6 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans St

Important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E 38012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38012

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp ST., (Gran) WARD) 13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Grau

(a) RESIDENCE NO. Sinai Hospital ST. WARD

(Usual place of abode) 505 E. Million Ave

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 2/28

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frank Grau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Rosalind Steiger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Sinai Hosp

(Address) Monument & Patterson Ave

15 Filed OCT 4 - 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 10 2, 19 28, to 10 2, 19 28, that I last saw he alive on 10 2, 19 28, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Harry Weinstein, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Oct 4 1928

UNDERTAKER: Philip Stenzig

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be understood by the laymen. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 38013 Butcher E 38013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August W. Gutcher

(a) RESIDENCE NO. 8 Hammer's Run ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Theresa Gutcher

6 DATE OF BIRTH (month, day, and year) May 31, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Baugh Chemical Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Gutcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Lenhoman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Theresa Gutcher
(Address) Maple Ave. Essex

15 Filed OCT 4 - 1928 C. MARTSON JONES, R. Registrar

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/20, 1928, to 10/3, 1928, that I last saw him alive on 10/3, 1928, and that death occurred, on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows:

Probable carcinoma of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles Frail, M. D.

10/3 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Oct. 6 1928

UNDERTAKER John G. Connelly

ADDRESS Essex

...—2-29-28—L. F. S.—500 Bks.

E 38014 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 38014

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 612 S. Lakewood Ave ST., 4-3 WARD)

2—FULL NAME William H. Drinks

(a) RESIDENCE NO. 612 S. Lakewood Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cicelia Drinks

7 DATE OF BIRTH (month, day, and year) Feb 11, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	39	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Henry Drinks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Rosie Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Cicelia Drinks

(Address) 612 S. Lakewood Ave

15 Filed OCT 1 - 1928, 19 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Oct 2, 1928, that I last saw him alive on Oct 2, 1928, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

10/4, 1928 (Address) 108 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Oct. 7 1928

20 UNDERTAKER Robt Kenney

ADDRESS 1742 Broadway

...c.—2-29-28—L. F. S.—500 Bks.

E 38015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 E 38015

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 923 N. Eden ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John T. Hammelmann.

(a) RESIDENCE NO. 923 N. Eden ST., 10 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Kunigunda Hammelmann

6 DATE OF BIRTH (month, day, and year) Nov. 6th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md

PARENTS

10 NAME OF FATHER Sebastian Hammelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schlumbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian E. Dickard

(Address) 923 N. Eden St

15 Filed ... 19... C. HARRISON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1st/28

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1926, to Oct 1, 1928

that I last saw him alive on Oct 1st, 1928

and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical signs

What test confirmed diagnosis?

(Signed) Danl Miller M. D.

(Address) 800 Edward

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Oct 5th 1928

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 4036 Harford Rd

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38016

CERTIFICATE OF DEATH.

E 38016

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospitals (Ward) 12-51

2-FULL NAME Archie Smith

(a) RESIDENCE NO. 107 N. 20 St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years: about 25 Months: — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER — 11

11 BIRTHPLACE OF FATHER (city or town)

(State or country) a

12 MAIDEN NAME OF MOTHER a

13 BIRTHPLACE OF MOTHER (city or town) a

(State or country)

14 Informant (Address) City Hospital

15 Filed ..... 19 .....

2853 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut Throat

(duration) Instantaneous yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Oct 2 1926 (Signed) G. C. Pindell M. D.

4/26, 19 (Coroner) (Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

UNIVERSITY OF MARYLAND

20 UNDERTAKER ADDRESS

HARRISON BROS.

Commissioner of Health.

OF DEATH in plain terms, so that it may be understood. very important. See instructions on back of certificate.

ec.—2-29-28—L. F. S.—500 Bks.

E 38017

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 38017

CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-28 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Diana Madden

(a) RESIDENCE NO. 30 S Eckhour ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city nr town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Madden

11 BIRTHPLACE OF FATHER (city nr town) (State or country): N J

12 MAIDEN NAME OF MOTHER: Hilda Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State nr country):

14 Informant: Records

(Address): JNS HOPKINS

15 Filed: 4 - 1928 — C. HAMILTON JONES M D Registrar — 2852

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Sept 30, 1928, that I last saw her alive nn Sept 30, 1928 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date nf

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

10/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

Commissioner Health. OCT 4 1928

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38018

CERTIFICATE OF DEATH.

E 38018

1-PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. ST. 813 WARD)

REGISTERED NO. 1614

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Long

(a) RESIDENCE NO. 15 16 E. Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1928

7 AGE: Years | Months | Days: 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Clarence Merryman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant [signature] (Address) Johns Hopkins Hospital.

15 Filed [illegible] 2849 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1928, to Sept. 29, 1928

that I last saw him alive on Sept. 29, 1928

and that death occurred, on the date stated above, at 12⁰⁰ P. m.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important

4 1928 C. HARTMAN JOHNS HOPKINS HOSPITAL

Connecticut Health

...c.—1-12-23—M&T—500 Bks.

E 38019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38019

CERTIFICATE OF DEATH.

38

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 6-9 WARD)

2-FULL NAME Baby Lee

(a) RESIDENCE NO. 1702 E. Fayette St., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1928

7 AGE Years Months Days If LESS than 1 day, hrs. or 30 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Gloria Demayo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pensacola Fla.

14 Informant Mrs. Gutsmith
(Address) Johns Hopkins Hospital

15 Filed 1928 2848 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-21, 1928, to 9-22, 1928, that I last saw her alive on 9-22, 1928 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

1 Hydrocephalus

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. Gutsmith, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

...TION is very important...

Cor.—12-9-25—A Co.—200 Bks.

E 38020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38020

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH On a street car.

City of BALTIMORE: (No. Curtis Ave. Curtis Bay. St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Weems. (C)

(a) RESIDENCE NO. 1624 W. Lexington St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married.

5a If married, ~~WIFE OF~~ HUSBAND of ~~OR WIDOW OF~~ Mary R. Weems. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	58	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel Weems. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Davis. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mary Weems. (C) daughter.

(Address) 1624 W. Lexington St.

15 Filed 1928 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Freudenthal M. D. (Coroner)

10/2 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Bruer Hill Cemetery, Annapolis, Md. Oct 5, 1928

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 Schroeder St

OF DEATH in plain terms, as that it may be very important. See instructions on back of certificate.

4 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38021

CERTIFICATE OF DEATH.

X 188-283 38021

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hosp. St. 25-72 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Nicola

(a) RESIDENCE NO. 131-6. St N.W St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Now Resident How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Nicola

6 DATE OF BIRTH (month, day, and year): June 3 - 1896

7 AGE: Years 32 Months 3 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Agent Peddler

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Gov.

(c) Name of employer

9 BIRTHPLACE (city or town): Blut Seria

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Alma Nicola

(Address) 131 6. St. N.W.

15 Filed..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 4th 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Automobile Accident Punctured lung. Fractured Ribs

(duration) yrs. Hours

Contusions (Secondary)

(duration) yrs. mos. ds.

Signed Oct 4th 1928 North Bn & Division (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wash. D.C. Date of Burial: Oct 4 1928

20 UNDERTAKER: W. W. Champion ADDRESS: 1400 Chapin Wash D.C.

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

4-1928

...c.—2-29-28—L. F. S.—500 Bks.

E 38022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 38022

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1715 Linden ave ST. 14-20 WARD)

2—FULL NAME Samuel Horowitz

(a) RESIDENCE NO. 1715 Linden ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ...mos. ...ds. How long in U. S., if foreign birth? ...yrs. ...mos. ...ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Horowitz.

6 DATE OF BIRTH (month, day, and year) About 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tight promoter

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Austria,

PARENTS

10 NAME OF FATHER — Horwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Mary Horwitz

(Address) 1715 Linden Ave

15 Filed ..., 19 ... C. HARPER JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1928, to Oct. 4, 1928, that I last saw h... alive on Oct. 4, 1928, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Asthma (cardiac)

(duration) 0 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of none.

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Nesbitt, M. D.

, 19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 10/7/1928.

20 UNDERTAKER Baird Sondheim

ADDRESS 415-20 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

E 38023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38023

CERTIFICATE OF DEATH.

X 75-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2039 Hollins St. 20-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Spurrier

(a) RESIDENCE NO. 2039 Hollins ST., ... WARD Plan No. 4 Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Spurrier

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Engineer

(c) Name of employer: B.t.O. R.R.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Allen Spurrier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Drusilla Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Mrs. Ella J. Thompson

(Address) 2039 Hollins St

15 Filed 4-1928 16 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4- 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928, to Oct 4-, 1928

that I last saw h.. alive on Oct 4-, 1928,

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Left Hemiplegia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Blood pressure

(Signed) Chas M Etchison, M. D.

10/7, 1928 (Address) 2105 Old Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ridgeville, Md — DATE OF BURIAL: Oct 7 1928

20 UNDERTAKER: M. R. Etchison & Son — ADDRESS: Frederick Md.

TION is very important. See instructions

c.—2-29-28—L. F. S.—500 Hks.

E 38024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 38024

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2918 McElderry ST. 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Horacek

(a) RESIDENCE NO. 2918 McElderry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Horacek

6 DATE OF BIRTH (month, day, and year): March 19-1861

7 AGE — Years: 67 — Months: 6 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Czechoslovakia

PARENTS

10 NAME OF FATHER: Louis Horacek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czechoslovakia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs J. C. Macpuer.
(Address) 2918 McElderry St

15 Filed 4-1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1928

17 I HEREBY CERTIFY, That I attended deceased from April 15, 19 28, to Oct 4, 19 28, that I last saw h in alive on Oct 4, 19 28 and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchus - pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis - chr. nephritis - emphysema (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam —

(Signed) Louis F. Krumeen, M. D.

, 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side fur additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York N. Y.

DATE OF BURIAL: Oct 4 1928

20 UNDERTAKER: George W. Zinkler

ADDRESS: 1737 E. Eager st

—2-29-28—L. F. S.—500 Blks.

38025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 38025

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 304 E. 20th ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah A. Daniels

(a) RESIDENCE NO. 304 E 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Daniels

DATE OF BIRTH (month, day, and year) Nov 11th 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER David McKee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mckinnon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

PARENTS

14 Informant Mrs M Campbell

(Address) 304 E 20th St

15 Filed 1928 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1927 to Oct 4 1928 that I last saw her alive on Sept 29 1928 and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Endocarditis

Diabetes (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E Plumer M. D.

19 (Address) 1734 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pineland, N J

DATE OF BURIAL 10/5 1928

20 UNDERTAKER W. Cook

ADDRESS 502 E North Ave

Cor.—11-9-25—A Co.—200 Bks.

E 38026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

E 38026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 8-12 Ward)

2-FULL NAME Edwin B. Brooks.

(a) RESIDENCE NO 2222 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1/1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lather

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city

(State or country) Md.

PARENTS

10 NAME OF FATHER Edwin J. Brooks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Kate Taxman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Mrs. Lillian Engelbrecht

(Address) 2211 E. Chase St.

15 Filed OCT 5-1928, 19

S. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ~~Inquest~~ Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

2 days

Auricular fibrillation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Oct. 4 (Signed) M. J. Riley M. D.

(Coroner)

, 19 28 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden Date of Burial Oct 6 1928

20 UNDERTAKER Stallo Dave ADDRESS 3307 Pine St

OF DEATH in plain terms, very important. See instructions on back of certificate.

ec.—1-12-23—M&T—500 Blks.

E 38027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38027

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3349 Fallsway Rd. (ST.) 13-5 (WARD)

2-FULL NAME Valentine Stadelman

(a) RESIDENCE No. 3349 Falls Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Sarah F. Stadelman

6 DATE OF BIRTH (month, day, and year) Mar. 22/1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	78.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Yacht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. LeRoy Farris

(Address) 3349 Falls Rd

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-1 . 1928 . to 10-4 . 1928

that I last saw ~~he~~ she alive on 10-4 . 1928

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Nephritis.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. Stadelman M. D.

. 19 (Address) 873 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Oct 8 1928

20 UNDERTAKER Walter Dunn

ADDRESS 330 Park St

TION is very important

H. JONES, M. D.

ec.—1-12-23—M&T—500 Blks.

E 38028 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 94 002 38028

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3618 Roland Ave (ST.) (WARD) REGISTERED NO. 1928-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace E Jones

(a) RESIDENCE No. 3618 Roland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie E Jones

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	79	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Bank.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel. Md

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cooksey Md Knowards

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant (Address) Mrs Mary Dunn 3618 Roland Ave

15 Filed OCT 5 - 1928, 19 C. HAMPSON JONES, M. D. Registrar EKG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Oct 3, 1928

that I last saw him alive on Oct 2, 1928

and that death occurred, on the date stated above, at 11-30 A m

The CAUSE OF DEATH* was as follows:

Chronic bronchitis & bronchial asthma

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial

suffering (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

19 28 (Address) 342 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Oct 5 1928

UNDERTAKER W S Marshall ADDRESS 3539 Fall Road

TION is very important

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38029

CERTIFICATE OF DEATH.

1818 129

E 38029

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wehrman

(a) RESIDENCE NO. 1044 W. Lombard st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Wehrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Dering

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed OCT 5 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928, to Oct. 3, 1928,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 6.35 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry C Smith M. D.

10-3, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Oct 6 1928

20 UNDERTAKER John J Conway & Son

ADDRESS

TION is very important

Spec.—1-12-23—M&T—500 Bks.

E 38030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38030

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Shroeder ST. (WARD) 18-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jordan Liggens

(a) RESIDENCE NO. 122 N. Shroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 40 years. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Liggens

6 DATE OF BIRTH (month, day, and year) Aug. 28, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 67

(b) General nature of industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer Continental Trust

9 BIRTHPLACE (city or town) (State or country) Boston, Mass.

PARENTS

10 NAME OF FATHER Alfred Liggens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston, Mass.

12 MAIDEN NAME OF MOTHER Amelia — !

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass.

14 Informant Gertrude Liggens

(Address)

15 Filed OCT 5 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1928, to Oct. 1, 1928, that I last saw him alive on Sept. 30, 1928, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Appoplexy

(duration) yrs mos 20 ds

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

Mitral insufficiency (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical exam.

(Signed) Walter S. Jackson, M. D

, 19 (Address) 1031 N. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL/CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL Oct 5 1928

20 UNDERTAKER Samuel Hemsley ADDRESS N Bridge

CAUSE OF DEATH must be stated plainly. See instructions on back of this TION is very important

Cor.—12-9-25—A Co—200 Bks.

E 38031 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38031

38

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospt St. 713 Ward)

2-FULL NAME Earl Lamey

(a) RESIDENCE NO. 827 N Dallas st Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anita Lamey

6 DATE OF BIRTH (month, day, and year): Nov. 9. 1895

7 AGE: Years 32 Months 10 Days 23 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Lorenza Lamey

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Addie Bailey

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Anita Lamey

(Address) 827 N. Dallas

15 Filed OCT 5 - 1928 C. HARPER

Registrar

OF DEATH in pencil. very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Syphillis

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Odema

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Horn M. D.

(Coroner)

10-5-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemty Date of Burial Oct. 5, 1928

20 UNDERTAKER: Mrs. D. A. Elliott ADDRESS 123 Ashland Ave

ec.—1-12-23—M&T—500 Bks.

E 38032 ✓ E 38032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 E Monument St., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. Jones

(a) RESIDENCE NO. 2102 E Monument ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year): June 17-1918

7 AGE: Years 10 | Months 3 | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Wm Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Adelaide Rock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Wm Jones

(Address) 2102 E Monument St

15 Filed OCT 5 - 1928 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1928

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to October 4, 1928,

that I last saw him alive on October 4, 1928

and that death occurred, on the date stated above, at 12.00 o'q m

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) 3 mos yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis J. Ayd M. D.

Oct 4, 1928 (Address) 2065 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Oct 6 1928

UNDERTAKER: Geo M. Funk & Son

ADDRESS: Eutaw

TIONS is very important

Spec.—1-10-21—M&T—1500 Bks.

Tomlinson ✓

E 38033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38033

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Nebster — 24-34 ST. WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Augusta Tomlinson

(a) RESIDENCE NO. 1404 Nebster ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Benj. P. Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bertha Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Benj P Tomlinson

(Address) 1404 Nebster St

15 Filed ..... 19 ..... By: ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 4, 1928, that I last saw h[er] alive on Oct 4, 1928, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Peritonitis sub-
Puerperal Hemorrhagia

(duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Anemia & vomiting,

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) T M Elliott M. D.

10/4, 1928 (Address) 131 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St. Augustine Cemetery, Govanstown Md. — Oct 5th 1928

UNDERTAKER Eldridge Bros. — ADDRESS Margaret J. Flynn 1132 Light St

CAUSE OF DEATH ... TION is very important See instructions on back

001 5-1928 C. HAMPSON JOHNS M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 38034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38034

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Specific location) Walbrook Theatre 3100 W North Ave (Ward) 13

2-FULL NAME Adam Jerscheid.

(a) RESIDENCE NO. 966 N Chester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 22 ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Jerscheid.

6 DATE OF BIRTH (month, day, and year): Nov 11 1866

7 AGE — Years: 61 Months: 10 Days: 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Organ Builder

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 (Son) Informant: John M Jerscheid

(Address): 1526 Ellwood Ave

15 Filed ..... 19 ..... OCT 5 1928 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Oct 3rd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Inf yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Signed) H. Schuck M. D.

(Coroner) Oct 3 1928

(Address) 1016 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

Date of Burial: Oct. 6 1928

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St. & Broadway

OF DEATH in plain words. very important. See instructions on back of certificate.

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38035 E 38035

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 W. Fairmount Ave (ST.) 20-64 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Strickler

(a) RESIDENCE NO. 2706 W. Fairmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary A Strickler

6 DATE OF BIRTH (month, day, and year): Sept 21-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron moulder

(b) General nature of industry, business, or establishment in which employed (or employer): Out

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Eli Strickler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs Geo Earle (Address) 2706 W Fairmount Ave

15 Filed OCT 5 1928, 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 3, 1928, that I last saw him alive on Oct 3, 1928, and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs + Symptoms

(Signed) Chas Ryder, M. D.

(Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 6 1928

20 UNDERTAKER: W J Tuckner & Son

ADDRESS: Mark Ave

TION is very important

Spec.—1-10-21—M&T—1500 Bks.

cover E 38036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38036

CERTIFICATE OF DEATH.

REGISTERED NO. 5-63 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Liberty Heights St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Carver

(a) RESIDENCE NO. 4008 Liberty Heights Ave. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis L. Carver

6 DATE OF BIRTH (month, day, and year) July 5-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Dr. Fairchild

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Hayman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Chas Carver
(Address) 2201 Eldonridge Ave

15 Filed OCT 5 1928. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 20 am Oct 4/1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 . 1928. to Oct 4 . 1928.
that I last saw h-r alive on Oct 4 . 1928.
and that death occurred, on the date stated above, at 12 20 a m.
The CAUSE OF DEATH* was as follows:

Acute dilitation of heart.

about 1 hr.
(duration) yrs. mos. day

CONTRIBUTORY (Secondary) Diabetis about
(duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Tibbitt M. D.
0ct-28 . 19 (Address) 1220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Ridge Cem	Oct 6 1928
UNDERTAKER Jno J Jackson Sons	ADDRESS 1414

CAUSE OF DEATH in plain terms. TION is very important. See instructions on back of certificate.

ec.—1-12-23—M&T—500 Blks.

E 38037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38037

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Powhatan Ave ST. WARD 45-61

2-FULL NAME Richard M Cochrane

(a) RESIDENCE No. 3509 Powhatan Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Cochrane

6 DATE OF BIRTH (month, day, and year) May 24-1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Alfred Rice

(Address) 3509 Powhatan Ave

15 Filed OCT 5 - 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1928

I HEREBY CERTIFY, That I attended deceased from June, 1924, to Oct 2, 1928,

that I last saw him alive on Oct 2, 1928,

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Hypertension

Chronic Endocarditis - Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Finding

(Signed) Leo R Wrenig, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Oct 4 1928

UNDERTAKER Wm J Tickner Sons

ADDRESS N. Y Pa

TION is very important

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38038

E 38038

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Gilsa ave ST. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Bertsch

(a) RESIDENCE No. 2701 Gilsa ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4/08

7 AGE: Years 20 Months 9 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John G. Bertsch

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Germany ~~Md~~

12 MAIDEN NAME OF MOTHER: Anna Haugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Mrs Anna Bertsch (Address) 2701 Gilsa ave

15 Filed OCT 5 - 1928, 19 C. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 28 to Oct 4, 19 28, that I last saw h[illegible] alive on Oct 4, 19 28 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Exhaustion & T. Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary T. B.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Chas Jones, M. D.

19 28 (Address) 4 W Hoffman Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Oct 6 1928

20 UNDERTAKER: Leonard J. Rank

ADDRESS 1403 Lafayette

TION IS VERY IMPOR

Spec.—1-10-21—M&T—1500 Bks.

E 38039 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38039

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Sinai Hospital REGISTERED NO. 13-59

CITY OF BALTIMORE: (No.) ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Wolfson

(a) RESIDENCE NO. 2418 Callow Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella J. Wolfson

6 DATE OF BIRTH (month, day, and year) June 24, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Broker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Abrid Wolfson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Berney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Dan'l Wolfson (Address) 2418 Callow Ave

15 Filed OCT. 5 - 1928 Registrar C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/4 1928 to 10/5 1928, that I last saw h alive on 10/5 1928, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

(1) Nephritis, chronic

~~Chronic tonsilitis infection following~~ ~~probably~~ (2) Arteriosclerotic heart disease (duration) yrs. 2 mos 0 ds.

CONTRIBUTORY (Secondary) ~~Suspended factors~~ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2418 Callow Ave.

Did an operation precede death? Yes Date of April 1928

Was there an autopsy? Autopsy

What test confirmed diagnosis? Clinical

(Signed) Benj H Katz M. D.

10-5. 1928 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem DATE OF BURIAL 10/7/ 1928

20 UNDERTAKER Abrid Sondheim ADDRESS 111-20 W. Mt Royal Ave

CAUSE OF DEATH. See instructions on reverse side. TION is very important.

E 38040

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 38040

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1409 Edmondson Av ST., 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sonil Kalen

(a) RESIDENCE NO. 1409 Edmondson Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Married

If married, ~~Widowed, or divorced~~ HUSBAND of (or) WIFE of Maggie E. Kalen

DATE OF BIRTH (month, day, and year) Sept. 2, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Waffingdale

(c) Name of employer Self

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Meyer Kalen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lowstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. Howard Kalen

(Address) 2027 W. Pratt St.

15 Filed OCT 5 - 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1928, to Oct 3, 1928

that I last saw h alive on Oct 3, 1928

and that death occurred, on the date stated above, at 6:10 P.m.

The CAUSE OF DEATH* was as follows:

Toxemia

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kalen, M. D.

10/4/28 (Address) 2027 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 10/5/1928

20 UNDERTAKER Edward Sondheim ADDRESS 119-20 W Pratt Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

E 38041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38041

188-103

CERTIFICATE OF DEATH.

REGISTERED NO. 25735

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Matecki.

(a) RESIDENCE NO. 1606 Hazel St. Curtis Bay. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 19.1923

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	5	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.Md.

(State or country)

PARENTS

10 NAME OF FATHER Frank Matecki.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Helen Kolodziejski.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Helen Matecki.(mother)

(Address) 1606 Hazel St.Curtis Bay.

15 Filed OCT 5 1928 19 C. HAMPTON JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 3.1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.Struck and knocked down by an auto truck whi running across the street.

Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas. M. Simons, M. D.

(Coroner)

10/4 1928 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.,.... ds. In the State ....yrs.. ....mos.,.... ds.

Where was disease contracted, if not at place of death? Pennington Ave & Hazel St.10/3/28

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Oct 6 1928

Date of Burial

20 UNDERTAKER E W Ozgenski

ADDRESS 1930 Fenton St.

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

1928 96 E 38042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 38042

1—PLACE OF DEATH

HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ____ ST., 9-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Fuka

(a) RESIDENCE NO. 815-N. Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Baby

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Jan 30 1928

7 AGE: Years | Months: 8 | Days: 4 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Fuka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marie Slavik

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Parents

(Address)

15 Filed OCT 5 1928 19 H. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 4 1928

17 I HEREBY CERTIFY, That I attended deceased from September 9, 19 28, to October 4, 19 28, that I last saw h[er] alive on October 4, 19 28 and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Enteric colitis

(not Dysentery)

about two wks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. C. Goodwin, M. D.

10/4, 19 28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: OCT 6 19 28

20 UNDERTAKER: Funeral Direction — ADDRESS: 906 Wolfe St

Spec. -7-17-26- A Co. - 200 Blks.

Malkus

E 38043 HEALTH DEPARTMENT—CITY OF BALTIMORE 16-001 E 38043

CERTIFICATE OF DEATH

1-PLACE OF DEATH REGISTERED NO.

City of BALTIMORE: (No. 4212 Parkmont Ave..Raspeburg St. 26-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Virginia Malkus

(a) RESIDENCE NO. 4212 Parkmont Ave. Raspeburg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none.

6 DATE OF BIRTH (month, day, and year): August 20, 1928

7 AGE — Years: 1 — Months: — Days: 14 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Malkus

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Chesney

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Elizabeth Malkus

(Address) 4212 Parkmont Ave.

15 Filed OCT 5 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 4th, 19 28

17 I HEREBY CERTIFY, That I attended deceased from October 4, 1928, to Octber 4, 1928, that I last saw her alive on October 4, 1928, and that death occurred, on the date stated above, at 12:05 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility (160)
Inanition.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prematurity

(duration) Some Time yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) James L. Marston, M. D.

10-5-1928 (Address) Mutual Arb Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Oct. 5, 19 28

20 UNDERTAKER: Frederick Lassahn Son — ADDRESS: Fullerton

OF DEATH is p... very important. See instructions on back of certificate.

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38044

CERTIFICATE OF DEATH.

E 38044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. Ward 19)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Rauckyn

(a) RESIDENCE NO. 1815 N Bentalou St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word)

4a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-4 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Solomon Rauckyn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Kallinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jack Levin

(Address) 1432 E Baltimore St

15 Filed OCT 5 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1928 to Oct 5 1928, that I last saw her alive on Oct 4 1928, and that death occurred, on the date stated above, at 7.25 a.m.

The CAUSE OF DEATH* was as follows:

Patent foramen Ovale

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Hadyn M.D.

, 19 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 10/5 1928

20 UNDERTAKER Jack Levin

ADDRESS 1432 E Baltimore

ec.—1-12-23—M&T—500 Blks.

E 38045 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38045

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine R. McQuaid

(a) RESIDENCE No. 1412 Cooksie st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Rasmuss Rasmussen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Katherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Hospital Records

(Address) C. Harrison Hosp. Md.

15 Filed OCT 5 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1927, to Oct. 4, 1928, that I last saw her alive on Oct. 4, 1928, and that death occurred, on the date stated above, at 3.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Chronic interstitial nephritis (duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M. D.

10-4 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Oct 5 1928

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1330 E Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 38046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 38046

1-PLACE OF DEATH West Baltimore September 27 1928 REGISTERED NO.

CITY OF BALTIMORE: (No. 1627 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna L. Robinson

(a) RESIDENCE No. 1003 N. Mount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 1877

7 AGE: Years 51 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Abraham Comager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susie ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant John Robinson (Address) 1003 Mount St

15 Filed OCT 5 - 1928 C. HARTWELL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 2, 1928.

17

I HEREBY CERTIFY, That I attended deceased from 9-17, 1928. to 10-2, 1928.

that I last saw h of alive on 10-2, 1928.

and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Right foot Diabetic gangrene (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-19-28.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schwartz M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 5 1928

UNDERTAKER John H. Trader

ADDRESS 1027 Hanover

TION is very important. See instructions

Spec.—12-9-25—A Co.—200 Bks.

E 38047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38047

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 934 Eilmot St. 16-22 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Florence Thompson Taylor

(a) RESIDENCE NO. 934 Eilmot St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lawrence Taylor

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 56 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Va.

PARENTS

10 NAME OF FATHER: Wilkes Thompson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Lottie Jones

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): — Md

14 Informant: Willis Thompson

(Address): 934 Eilmot St

15 Filed OCT 5 1928 By: [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/2/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9/20/ 19 28, to 10/2/ 19 28, that I last saw h.e.r. alive on 10/1/ 19 28, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/3/ 1928 (Address) 912 Eilmot St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pontaubarn County — Date of Burial: Oct 5 1928

20 UNDERTAKER: Johnston Taddeuin — ADDRESS: 1027 Druid Hill Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38048

CERTIFICATE OF DEATH.

100-09 1

E 38048

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 Ashland av St.) 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm S. Page

(a) RESIDENCE NO. 815 Ashland av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER Wm Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Page

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

PARENTS

14 Informant Mary Page

(Address)

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

(Signed) J. H. Carter M. D.

(Coroner)

9/4, 1928 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES M. D.

2854 Ard

JOHNS HOPKINS HOSPITAL

Commissioner of Health.

OCT 5 - 1928

Very important. See instructions on back of certificate.

...—2-29-28—L. F. S.—500 Bks.

E 38049 HEALTH DEPARTMENT—CITY OF BALTIMORE 24-001 E 38049

CERTIFICATE OF DEATH

REGISTERED NO. 3

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 125 N. Eutaw ST. 11-23 WARD)

2—FULL NAME Mary Bowie

(a) RESIDENCE NO. 725 N. Eutaw ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): about 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	86			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 500

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Johanna Peirson

(Address) 725 N Eutaw st.

15 Filed 1928, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5th, 19 28, to Oct 5th, 19 28, that I last saw h[illegible] alive on Oct 5th, 19 28, and that death occurred, on the date stated above, at 6.25 P. m.

The CAUSE OF DEATH* was as follows:

Central hemorrhage with Rt. hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Arterio sclerosis

(duration) Infinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys signs

(Signed) Chas. Miller, M. D.

Oct 6, 19 28 (Address) 722 W. Monumental

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 6, 1928

20 UNDERTAKER: Mrs R. G. Elbert ADDRESS 1725 Eutaw

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 38050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38050

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 W. Fayette St. 14-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Gustavus

(a) RESIDENCE. No. 1614 W. Fayette St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Gertrude Gustavus

6 DATE OF BIRTH (month, day, and year) March 29, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floorman-Tin

(b) General nature of industry, business, or establishment in which employed (or employer) Decorating Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bremen, Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Gertrude Gustavus, (Address) 1614 W. Fayette St.

15 Filed C. HAMPSON JONES M. D. Registrar

5-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to Oct. 3, 1928, that I last saw him alive on Oct. 3, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know.

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? History & exam.

(Signed) John D. Quinn, M. D.

Oct. 5, 1928 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 8 1928
20 UNDERTAKER George J. Smith	ADDRESS Hollins

...c.—1-12-23—M&T—500 Bks.

E 38051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38051

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Bloom ST. 15-59 WARD) 90

REGISTERED NO.

2-FULL NAME Sarah Forbes

(a) RESIDENCE NO. 508 Bloom ST., WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word) Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Forbes

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Dora Waters.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary Young

(Address) 508 Bloom St.

15 Filed Oct 8 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/2 1928, to 10/5 1928, that I last saw h alive on 10/3 1928 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Senility

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno R Lutts, M. D.

10/5, 1928 (Address) 1124 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hall's Creek Calvert Co Md

DATE OF BURIAL Oct 6 1928

20 UNDERTAKER Thomas E. Hilson

ADDRESS 1303 Bertman St

ec.—1-12-23—M&T—500 Bks.

E 38052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38052

CERTIFICATE OF DEATH.

172-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 North Rose St. 7-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kostek.

(a) RESIDENCE NO. 800 North Rose St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Kostek

6 DATE OF BIRTH (month, day, and year) Aug 31. 1874.

7 AGE: Years 54 yearsold | Months 1 | Days 6 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER John Kostek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Josephine Kostek (Address) 800 N. Rose St.

15 Filed [illegible] 19 28 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1928.

17 I HEREBY CERTIFY, That I attended deceased from August 12 1928, to Oct 5 1928, that I last saw h[illegible] alive on Oct 5 1928, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krayer, M. D.

, 19 (Address) 20 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Oct 8, 1928

20 UNDERTAKER: August Peek

ADDRESS: 2506 E. Ashland Ave

Sub affidavit and Lee Letter on file dated Oct 11-1928 from Dr Clemm

E 38053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38053

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-4 ST. WARD) 14

2-FULL NAME John C Clark

(a) RESIDENCE No. 137 So Spring ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret Clark

6 DATE OF BIRTH (month, day, and year) Oct 28 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mission Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Hatton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-30, 1928, to 10 - 4, 1928, that I last saw him alive on 10 - 4, 1928, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Rt

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. H. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Oct 5 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St + Broadway

TION is very important See instructions

5 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38054

CERTIFICATE OF DEATH.

185 E 38054

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wood

(a) RESIDENCE NO. 1710 Riggs Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John R. Wood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Nannie Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Carrie Green

(Address) 2025 Madison Ave.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.
Fell while painting.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D.
(Coroner)

10/4 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 1514 Mt. Royal Ave.,

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Oct 8 19 28

20 UNDERTAKER James Ellis ADDRESS 1364 N Carey

Very important. See instructions on back of certificate.

5 1928 C. HARRISON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

E 38055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4905 Harford Rd ST.) (WARD) 47-44

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Edgar Becker

(a) RESIDENCE NO. 4905 Harford Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 2 1927

7 AGE: Years | Months: 10 | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Fullerton, Md

PARENTS

10 NAME OF FATHER: Earl Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margarite Insley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Margaret Becker (Address) 4905 Harford Rd.

15 Filed 1928 C. HARRISON JONES, M. D. Registrar No. 15814

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 5, 1928, that I last saw him alive on Oct 5, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Dewey Long, M. D.

Oct 5 1928 (Address) 5631 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Oct. 6 1928

20 UNDERTAKER: Hyatt & Mel Lee — ADDRESS: 414 N Broadway

TION is very important.

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38056 — CERTIFICATE OF DEATH — + 153 E 38056

1—PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chas B Blubaugh

(a) RESIDENCE NO Parkersburg W Va. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER Geo Blubaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Mary A

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct. 5, 1928 that I last saw h[illegible] alive on Oct. 5, 1928. and that death occurred, on the date stated above, at 8.10 pm

The CAUSE OF DEATH* was as follows:

Streptococcus cellulitis of neck, axilla & trunk.

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Uraemia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Parkersburg W Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) H. Hanson Jones M. D.

10/6, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkersburg W. Va — DATE OF BURIAL: 10/6 1928

20 UNDERTAKER: W. J. Tuckwiller & Son — ADDRESS: Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

Luber

E 38057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38057

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH Sinai Hospital REGISTERED NO.

CITY OF BALTIMORE: (NO. 25-22 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME May Luber

(a) RESIDENCE NO. 3809 ~~Storch~~ Coolidge Ave Violetville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Middleton B Luber

6 DATE OF BIRTH (month, day, and year) March 2 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edenburg Va

PARENTS

10 NAME OF FATHER John B Sheffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sheffsburg Pa

12 MAIDEN NAME OF MOTHER Annie Redel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greencastle Pa

14 Informant Mrs Harry Sloane

(Address) 3909 Coolidge Ave

15 Filed OCT 6-1928, 19 E. HAMPTON JONES, M. D. Registrar

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Oct. 3, 1928, that I last saw her alive on Oct 3, 1928, and that death occurred, on the date stated above, at 7 05 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insofficiency

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Hypertension, Chr nephritis

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton Sherr, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Olivet DATE OF BURIAL Oct 8 1928

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

Mc Divitt ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38058

E 38058

CERTIFICATE OF DEATH.

163

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 58 S Carrollton ST. 24 WARD)

2-FULL NAME Raymond L Mc Divitt.

(a) RESIDENCE NO. 58 S Carrollton ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Boy.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 11 1928

7 AGE — Years | Months: 2 | Days: 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm Mc Divitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Jenevia Hersch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Jennie M. Divitt

(Address): 58 S Carrollton av

15 Filed OCT 6 - 1928 C. HAMPSON JONES, M. D. Registrar

BHS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 , 19 28 , to Oct 5 , 19 28 ,

that I last saw h alive on Oct 4 , 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lock of care

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Mc Dudley, M. D.

, 19 (Address) 2938 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemty — DATE OF BURIAL: Oct 6 1928

20 UNDERTAKER: John Fields — ADDRESS: 1200 N Lombard st

TION is very important. See instructions

CT

c.—2-29-28—L. F. S.—500 Bks.

E 38059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38059

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 23 E. Eager ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Townsend Scott

(a) RESIDENCE NO. 23 E. Eager ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Evans Scott

DATE OF BIRTH (month, day, and year) March 4, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Rossiter A. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elaine Eglin

13 BIRTHPLACE OF MOTHER (city or town) Phila. (State or country)

14 Informant Mrs. Helen E. Scott
(Address) 23 E. Eager St.

15 Filed Oct 6 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1928, to Oct 4th, 1928, that I last saw h[illegible] alive on Oct 3rd, 1928 and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(Primary)
(duration) ? yrs. — mos. — ds.

CONTRIBUTORY Broncho-Pneumonia
(Secondary)
(duration) 0 yrs. 0 mos. 9 ds.

18 Where was disease contracted if not at place of death? Home in county (Balto)

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) Gordon Wilson, M. D.

. 19 (Address) 715 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemy	Oct. 6, 1928
UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1700 Eutaw St.

ec.—6-9-19—H. P. Co.—1000 Bks.

E 38060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38060

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3314 Belvedere Ave St.) 21-56 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lala Frost.

(a) RESIDENCE. No. 3314 Belvedere Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harlan Frost.

6 DATE OF BIRTH (month, day, and year) [illegible] 18. 1864

7 AGE: Years 64; Months [illegible]; Days 18 10; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Deltaville, (State or country) Middlesex Co. Va.

PARENTS

10 NAME OF FATHER Jeremiah Harrow.

11 BIRTHPLACE OF FATHER (city or town) Deltaville (State or country) Middlesex Co. Va.

12 MAIDEN NAME OF MOTHER Catharine Cattenden

13 BIRTHPLACE OF MOTHER (city or town) Deltaville (State or country) Middlesex Co. Va.

14 Informant Marion Yates (Address) Deltaville Va.

15 Filed OCT 6 - 1928 19 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1928, to Oct. 4, 1928, that I last saw her alive on Oct 4, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis
Hemorrhage into
Lt Side of Brain

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bright's disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Objective Symptoms.

(Signed) G. H. Beckley, M. D.

19 (Address) 3337 Belvedere Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: Oct 6 28

20 UNDERTAKER: Wm. Cook — ADDRESS: 501 E. North Ave

Spec.–7-17-26—A Co.—200 Bks.

TAYLOR

E 38061

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-01

E 38061

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland Gen. Hospital. REGISTERED NO.

City of BALTIMORE: (No.) St. (Ward 10-69)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Taylor.

(a) RESIDENCE NO. 2816 Frederick ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1924

7 AGE Years: 3 yrs. Months: 11 Days: 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Airy, Md.

(State or country)

PARENTS

10 NAME OF FATHER Raymond Taylor.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Ole Beall.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mt. Airy, Md.

14 Informant Hospital records.

(Address)

15 Filed OCT 6 1928 HARRISON JONES, M. D. Registrar

SKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 10/5/28.

17 I HEREBY CERTIFY, That I attended deceased from 9/28/28, 19, to 10/5/28, 19, that I last saw him alive on Oct. 5 1928, 19, and that death occurred, on the date stated above, at 10:33 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) about two weeks.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Mc A Compton M. D.

, 19 (Address) Mt. Airy Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Airy Md Date of Burial Oct 7 1928

20 UNDERTAKER Wilson Cook ADDRESS 507 E Main St

Be very important. See instructions on back of certificate.

...c.—2-29-28—L. F. S.—500 Bks.

Dr Somers 1917 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38062

CERTIFICATE OF DEATH

101-001

E 38062

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3400 W. North Ave ST., 15-67 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles E. Shackford

(a) RESIDENCE NO. 3400 W North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Shackford

6 DATE OF BIRTH (month, day, and year) Sept 24, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Supt

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Am. Ry Express

9 BIRTHPLACE (city or town) Boston Mass

(State or country)

PARENTS

10 NAME OF FATHER Nathaniel Shackford

11 BIRTHPLACE OF FATHER (city or town) Eideford

(State or country) Maine

12 MAIDEN NAME OF MOTHER Mary Cleves

13 BIRTHPLACE OF MOTHER (city or town) Eideford Maine

(State or country)

14 Informant Bertha Shackford

(Address) 3400 W North Ave

15 Filed OCT 6 1928, 19 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 19.., to Oct 4, 19.28,

that I last saw h alive on Oct 4 19.28

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Storer, M. D.

10/7/28 (Address) 912 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mass

DATE OF BURIAL Oct 6 1928

20 UNDERTAKER W. H. Cook

ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38063

CERTIFICATE OF DEATH.

38063

1-PLACE OF DEATH

City of BALTIMORE: (No. Garden Theatre. Charles & Cross Sts. St. 22-33 Ward) 74-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Tucker.

(a) RESIDENCE NO. 224 E. Montgomery St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of (XXXXXXXXX Mary E. Tucker.

6 DATE OF BIRTH (month, day, and year) August 15, 1865.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Mary E. Tucker. (wife)

(Address) 224 E. Montgomery St.

15 Filed OCT 6 1928 19 HARRISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Pannock M. D. (Coroner)

10/5 19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Owings, Calvert Co Md Date of Burial Oct 7 1928

20 UNDERTAKER Wm. M. Cook ADDRESS 502 E. North Ave

very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E 38064 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38064

66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hosp — REGISTERED NO. 25-77

CITY OF BALTIMORE: (No.) Fayette & Calhoun ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James P. Bannon

(a) RESIDENCE NO. 4816 Curtis Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): March 12 ?

7 AGE: Years: About 59 | Months: 7 | Days: ? | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Ret'd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Issues Ada Md

PARENTS

10 NAME OF FATHER: Michael Bannon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Evelyn Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): James P. Bannon 3016 St Paul St

15 Filed OCT 6 - 1928 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Oct 4, 1928, that I last saw him alive on Oct 4, 1928, and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic alcoholism

(duration) 7 yrs. (?) mos ds.

CONTRIBUTORY (Secondary) Cerebral oedema, hypo-static pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine, Cemd. DATE OF BURIAL: Oct 8 1928

UNDERTAKER: Wm J. Tickner & Sons ADDRESS: N. Y & Pa

TION is very important. See instructions

ec.—1-12-23—M&T—500 Blks.

E 38065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38065

CERTIFICATE OF DEATH.

132

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2412 W. Lanvale ST. 16 WARD)

2-FULL NAME Henry Clay Taylor

(a) RESIDENCE NO. 2412 W. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Taylor

6 DATE OF BIRTH (month, day, and year) Oct 7 1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	88	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Norval T. Eyers (Address) 2412 W. Lanvale

15 Filed OCT 6 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from August 23, 1928, to October 4 1928, that I last saw him alive on October 4 1928, and that death occurred, on the date stated above, at 11.30 P m

The CAUSE OF DEATH* was as follows:

Kidney involvement probably
chronic - to be confirmed for exact pathological
findings (duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm Delaney Thomas, M. D.

10/6, 1928 (Address) 410 Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Oct 8 1928

20 UNDERTAKER Wm J. Pickerell & Son ADDRESS Norfolk

TION is very important

Cor.—12-9-25—A Co.—200 Bks.

E 38066 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38066

CERTIFICATE OF DEATH.

188-203

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Loudenslager

(a) RESIDENCE NO. 1014 W. Fayette St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgianna Loudenslager

6 DATE OF BIRTH (month, day, and year): March 25th., 1859

7 AGE — Years: 69 — Months: 6 — Days: 8 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Leather

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: John W. Loudenslager

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Magrin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore, Md.

14 Informant: William W. Loudenslager

(Address): 1106 Ward St.

15 Filed OCT 6 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

10-4 19 28 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Catonsville, Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Oct 6th 1928

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 E Monument

very important. See instructions on back

Cor.—12-9-25—A Co.—200 Bks.

E 38067

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 38067

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 N. Chapel St., 7-9 Ward)

2-FULL NAME Wm G. Braun

(a) RESIDENCE NO. 621 N. Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Braun

6 DATE OF BIRTH (month, day, and year): Autumn 1873

7 AGE: Years 55; Months; Days; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethelhem Steel Co.

9 BIRTHPLACE (city or town)

(State or country): Va.

10 NAME OF FATHER: Taylor Braun

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Millie Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

PARENTS

14 Informant (Address): Carrie Braun. 621 N. Chapel St.

15 Filed ..., 19... [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphillis

(duration) yrs. mos. ds.

(Signed) J. J. Pratt M. D.

(Coroner)

10-6-28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Midland Va. Date of Burial Oct 6, 1928

20 UNDERTAKER: Mrs R.A. Elliott ADDRESS 1725 Ashland Av.

Very important. See instructions on back.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38068

CERTIFICATE OF DEATH.

185 E 38068

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 640 N. Carey St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marietta R. Smith.

(a) RESIDENCE NO. 640 N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 20 (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos B. Smith.

6 DATE OF BIRTH (month, day, and year): Apr 16 - 1849

7 AGE: Years 79 Months 5 Days 20 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Wm R Smith

(Address) 3812 Milton Ave

15 Filed: Oct 9 1925 Registrar

CORONER'S CERTIFICATE

16 DATE OF DEATH (month, day, and year): Oct 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Fall Off porch.

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Duration) yrs. mos. ds.

Oct 6th 1925 (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 640 N. Carey

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Date of Burial: Oct 8 1925

20 UNDERTAKER: George J Smith ADDRESS 153 Hollins

Very important. See instructions on back.

...—2-29-28—L. F. S.—500 Bks.

E 38069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 38069

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2505 Foster ave ST., V-3 WARD)

2—FULL NAME Barbara Long.

(a) RESIDENCE NO. 2505 Foster Ave. ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 13 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Long.

DATE OF BIRTH (month, day, and year) June 20th 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary M. Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Long.
(Address) 2505 Foster Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3rd 1925

17 I HEREBY CERTIFY, That I attended deceased from September 28 1925. to Oct 3 1925.

that I last saw h[illegible] alive on Oct 3 1925

and that death occurred, on the date stated above, at 11 25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank L. Janney M. D.

19 (Address) 243 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Oct. 8 1925
UNDERTAKER	ADDRESS
Lilly & Gilen Co	423 S. Wolfe St

—2-29-28—L. F. S.—500 Bks.

E 38070 HEALTH DEPARTMENT—CITY OF BALTIMORE 16-00 E 38070

1829

CERTIFICATE OF DEATH

1—PLACE OF DEATH JOPKINS HOSPITAL REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 26-37 WARD)

2—FULL NAME Earlon Bass

(a) RESIDENCE NO. 1019 S Ihud ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 29 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 7-1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lionel Bass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Barbara Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address)

15 Filed Oct 6, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-5-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-27, 1928 to Oct-5, 1928

that I last saw h[illegible] alive on Oct-5, 1928

and that death ocrurred, on the date stated above, at 4 30a m.

The CAUSE OF DEATH* was as follows:

Acute Bacillary Dysentery

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duralion) yrs. mos. ds.

18 Where was disease rontracted if not at place of death?

Did an operation prrcede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side fur additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemt.

DATE OF BURIAL: Oct 6 1928

20 UNDERTAKER: Fally & Zeller Inc

ADDRESS: 408 N Gay St

2-29-28—L. F. S.—500 Bks.

E 38071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38071

CERTIFICATE OF DEATH

× 131

1—PLACE OF DEATH JOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Samuelson

(a) RESIDENCE NO. Fort Howard, Md. WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 3 1853

7 AGE: Years 75 | Months 9 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Norway

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Annie Olson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOPKINS HOSPITAL

15 Filed Oct 4, 1928 C. BARNEY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1928

17 I HEREBY CERTIFY, That I attended deceased (from Sept 21, 1928, to Oct 4, 1928, that I last saw h alive on Oct 4, 1928 and that death occurred, on the date stated above, at 1:30 A.M. in.

The CAUSE OF DEATH* was as follows:

Bulbar Paralysis
Arteriosclerotic myocarditis
Uremia
Lung Abscess (duration) 13 days (hours) 3 days.

CONTRIBUTORY (Secondary) Senescence
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. K. Cunningham, M. D.

10/4, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Oct. 7 1928

20 UNDERTAKER: George W. Zirkel — ADDRESS: 1737 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

E 38072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38072

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gundry Sanatorium WARD) REGISTERED NO. C 47

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Hall

(Residence in Baltimore: No. Gundry Sanatorium St.; 18 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 4, 1888 1928 (Month) (Day) (Year)

7-AGE, 46 yrs. 8 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, [illegible] Hall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mrs Reed

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C Hall

(Address) 6721 Ridge Road

15-

Filed OCT 6 1928 C. HARRISON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5 1906, to Oct. 4 1928, that I saw h[illegible] alive on Oct 4 22 1928, and that death occurred, on the date stated above, at 11 fo m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast Jaundice in Influenza

(Duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary) Metastasis of Lungs

(Duration) yrs. 1 mos. da.

(Signed) Alfred J. Gundry M. D.

Oct 4, 1928 (Address) 1211 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 22 yrs. 8 mos. 1 da. In the State 46 yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 3721 Ridge Road Mt Washington

19-PLACE OF BURIAL OR REMOVAL, Mt Calvary Cemetery DATE OF BURIAL, Oct 8, 1928

20-UNDERTAKER Josiah Bafer ADDRESS 1600 N Paca

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38073 E 38073

CERTIFICATE OF DEATH

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2021 Cliftwood Ave (St.) (Ward) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alma Marie Miller

(a) RESIDENCE NO. 2021 Cliftwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred C Miller

6 DATE OF BIRTH (month, day, and year): April 28 1897

7 AGE — Years: 31 Months: 5 Days: 6 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Reip

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Eliz Vogt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Alfred C. Miller (Address) 2021 Cliftwood Ave

15 Filed OCT 6 - 1928 19 CLAMPON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-4 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 19 27, to Oct. 4 19 28

that I last saw h e alive on Oct. 4 19 28

and that death occurred, on the date stated above, at 12:00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ch. Artigiani M. D.

19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gordon Park Date of Burial 10-6 19 28

20 UNDERTAKER: C. H. Hank ADDRESS: 1154 Hart

very important. See instructions on back of

c.—1-12-23—M&T—500 Bks.

E 38074 Dong HEALTH DEPARTMENT of CITY OF BALTIMORE E 38074

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 4 (WARD)

2-FULL NAME Hom Jum Dong

(a) RESIDENCE NO. 211 Dry Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Chinese	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of ~~Single~~

6 DATE OF BIRTH (month, day, and year) About 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 041

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Hom Dong Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Unable to get

13 BIRTHPLACE OF MOTHER (city or town) (State or country) China

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 6 1928, 19 H. Bell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-2 1928 to 10-4 1928, that I last saw him alive on 10-4 1928, and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute
Nephritis, Chr. Interstitial

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. H. Wade, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct 8 1928.

20 UNDERTAKER HARRISON BROS. & CO. INCORPORATED

ADDRESS 1000 W. NORTH AVE.

—2-29-28—L. F. S.—500 Bks.

E 38075 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38075

CERTIFICATE OF DEATH

117

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 12-49

CITY OF BALTIMORE: (No. Calvert & 33rd St., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Roland Ray Marchant

(a) RESIDENCE NO. Warrenton Apt. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ✓ mos. ds. How long in U. S., if foreign birth? 48 yrs. 7 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Roland Marchant

DATE OF BIRTH (month, day, and year) Feb 1, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Legal

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Mr. John F. Marchant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary E. Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to October 5, 1928, that I last saw h in alive on October 5, 1928 and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 4, 1928
Appendectomy, Drain of entire abdominal
Was there an autopsy? adhesions

What test confirmed diagnosis?

(Signed) F. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Oct 8 1928.
20 UNDERTAKER	ADDRESS
J. Stewart Moore Co	108 W. Monk

OCT 6 1928

—2-29-28—L. F. S.—500 Bks.

B 1 4 2 38076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 146 L 38076

1—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amy Bond Cook

(a) RESIDENCE NO. Cockeysville Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Howard Cook

DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md —

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Johnson

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Md

14 Informant Records
(Address)

15 Filed 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-6-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-22, 19 28, to Oct 6, 19 28,

that I last saw h e alive on October 6, 19 28

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis - Puerperal.
(Post-Abortal - Not Criminal)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? Cockeysville

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Hunt Goldsmith, M. D.

10/6, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gorsuch, Cockeysville, Md. DATE OF BURIAL Oct 9 1928

20 UNDERTAKER Wm. C. Brooks & Son ADDRESS Sparks, Md.

rc.—1-12-23—M&T—500 Bks.

E 38077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. W. 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Conway.

(a) RESIDENCE NO. Hanover, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White.	married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie G. Conway

6 DATE OF BIRTH (month, day, and year) June 9 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Near Hanover, Md.

PARENTS

10 NAME OF FATHER Wm Conway.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Near Hanover.

12 MAIDEN NAME OF MOTHER Sarah Jane Crook.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Louise Livingston. (Address) Hanover Md.

15 Filed. , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6, 1928.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1928, to Oct. 6, 1928, that I last saw him alive on 11:30 AM, 1928, and that death occurred, on the date stated above, at 8:05 A m.

The CAUSE OF DEATH* was as follows:

Incurable Carcinoma of Stomach.
Broncho-Pneumonia in Both Lungs.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) 4 da. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-28-'28.

Was there an autopsy? No.

What test confirmed diagnosis? Phys Signs.

(Signed) E F. Lintuch, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Oct 8 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

Spec.—12-9-25—A Co.—200 Blks.

E 38078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 38078

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Annie Laverty

(a) RESIDENCE NO. Preston + Valley St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? Ireland mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of the late John J. Laverty.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About	74	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Matthew Priestner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Savage

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston + Valley St

15 Filed Oct 8 1928 C. HARRISON JONES, M. D. Registrar

1928 Oct 8

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from No record, 19____, to _____, 19____, that I last saw h__ alive on Sept 30, 1928, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Malignancy (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Oct 6, 1928 (Address) 1132 Vaccaro Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial Oct 8 1928

20 UNDERTAKER Henry Hoen & Son ADDRESS 1301 E Eager St

very important. See instructions

.—2-29-28—L. F. S.—500 Bks.

E 38079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 E 38079

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2020 Mace ST. 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Jones

(a) RESIDENCE NO. 2020 Mace ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Jones

DATE OF BIRTH (month, day, and year) Jan 15, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nannie Jones
(Address) 2020 Mace St.

15 Filed ... 1928 HARRISON ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Oct. 4, 1928 that I last saw him alive on Oct 4, 1928 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Posting

(Signed) Dr. H. W. Bennett, M. D.

, 19 (Address) 708 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Oct 7, 1928
20 UNDERTAKER	ADDRESS
Wm. R. H. Elliott	1763 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38080

CERTIFICATE OF DEATH.

E 38080

1-PLACE OF DEATH Sinai Hosp. REGISTERED NO. 90

CITY OF BALTIMORE: (No. ... ST., 2-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Einstein

(a) RESIDENCE NO. Sinai Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Jan / 1844

7 AGE — Years: 84 Months: 9 Days: — If LESS than 1 day, ...hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Samuel Einstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Feldheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Leopold Stern (Address) 1812 E. Baltimore St.

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Oct 6, 1928, that I last saw her alive on Oct 6, 1928, and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Morgan Rudder M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sagi Cem DATE OF BURIAL 10/8 1928

20 UNDERTAKER: J. Ahrens Co ADDRESS Baltimore Town Md.

TION is very important

Cor.—12-9-25—A Co.—200 Bks.

E 38081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 38081

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 5-8 (Ward)

2-FULL NAME David Schreder

(a) RESIDENCE NO. 206 E Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/1/1912

7 AGE: Years 16 Months 6 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Slater Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto

12 MAIDEN NAME OF MOTHER Dora Butler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Dora Brown
(Address) 236 Eastern Ave

15 Filed 1928 HARRISON JONES M D Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns on 2/3 body
Caused by bath accidentally burning on
about 12 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmon Edema
(duration) yrs. mos. ds.

(Signed) H. T. Kelly M. D.
(Coroner)

Oct 6 1928 (Address) 1639 Bruns

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Date of Burial 10-8 1928

20 UNDERTAKER: Byron & Wright ADDRESS 1218 McCulloh St

very important. See instructions

...—2-29-28—L. F. S.—500 Bks.

38082

HEALTH DEPARTMENT—CITY OF BALTIMORE

24 E 38082

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Sydenham Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST. 28-644 WARD

2—FULL NAME Alvin A. Frank

(a) RESIDENCE NO. 2106 Ferndale Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 8, 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Ferdinand Emil N. Frank

11 BIRTHPLACE OF FATHER (city or town) Indiana
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Carter

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country)

14 Informant Sydenham Hosp records
(Address)

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6, 28

17

I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 6, 1928,

that I last saw h alive on Oct 6, 1928,

and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid examination

(Signed) H Bachman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: 10/7/ 1928

20 UNDERTAKER: Baird Sondheim ADDRESS 115-20 Lan. mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 38083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38083

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-54 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Newman

(a) RESIDENCE NO. 2001 Bryant Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Newman

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE: Years 26 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bernice Wagheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Geo Newman

(Address) 2001 Bryant Ave

15 Filed 10-6-28 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-26-28, to Oct 6, 1928.

that I last saw h[er] alive on Oct 6, 1928,

and that death occurred, on the date stated above, at 4^00 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis, generalized

(Rupture appendix)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute pyelonephritis, bilateral, chronic Pulmonary edema (duration) (yrs.) mos. 10 ds.

18 Where was disease contracted if not at place of death? at home (2 wks before admission)

Did an operation precede death? yes Date of appendectomy (2 days before admission)

Was there an autopsy? no

What test confirmed diagnosis? Operation Oct 2, 1928 cystoscopy, pulmonary

(Signed) — M. D.

10-6-28 (Address) Bayview Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 10/8 1928

20 UNDERTAKER Jack Levin

ADDRESS 439 Eastern Ave

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38084

CERTIFICATE OF DEATH.

117 E 38084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp ST. WARD)

2-FULL NAME Morris Smith

(a) RESIDENCE NO. 504 N. Washington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 20, 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	19 years.	1 mo.	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Lam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital

(Address)

15 Filed ..., 19 ... Registrar

C. HARPSON JONES, M. D.

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct 6, 1928, that I last saw him alive on Oct 6, 1928, and that death occurred, on the date stated above, at 10:03 A.M.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Sept 29 28

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Paul Schenker M. D.

Oct 6 1928 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Russdale

DATE OF BURIAL 10/8 1928

20 UNDERTAKER Jack Laurs

ADDRESS 1439 E. Baltimore St

—2-29-28—L. F. S.—500 Blks.

L° 38085 HEALTH DEPARTMENT—CITY OF BALTIMORE +74 L° 38085

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Josephine Parker

(a) RESIDENCE NO. Forest Hills, Raleigh, N C WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 7 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER J. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Records

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Oct 6, 1928, that I last saw h alive on Oct 6, 1928 and that death occurred, on the date stated above, at p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Oct 6, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) I Ridgeway Trimble M. D.

Oct 8, 1928 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh, N. C. DATE OF BURIAL Oct. 7 1928

20 UNDERTAKER Home of Mitchell ADDRESS 1900 Eutaw Place

c.—1-12-23—M&T—500 Bks.

E 38086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38086

CERTIFICATE OF DEATH.

123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Lampus

(a) RESIDENCE NO. 6414 Brook ave Bel air Road. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George N Lampus

7 DATE OF BIRTH (month, day, and year) Dec 18 1856

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Hildebrandt

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

14 Informant Mrs George March (Address) 6414 Brook ave Relay Md

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1928, to Oct 6, 1928, that I last saw h[illegible] alive on Oct 6, 1928 and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Cholecystitis & Cholelithiasis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Sept. 14, 1928

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) L. U. Lumpkin, M. D.

10/6, 1928 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Oct. 9th 1928

20 UNDERTAKER Frederick Lasenby & Son ADDRESS Fulkerton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38087

CERTIFICATE OF DEATH.

17 E 38087

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3528 Elm Av St. 43-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank M. Kain

(a) RESIDENCE NO. 3528 Elm Av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 17 1879

7 AGE — Years: 48 Months: 11 Days: 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William Kain

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Addie Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mrs Kain

(Address): 3528 Elm Av

15 Filed..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbolic Poison

Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

duration .....yrs. .....mos. .....ds.

(Signed) J. M. Mansuan M. D.

(Coroner)

10/6, 1928 (Address) 3672 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Oct 8 1928

20 UNDERTAKER: P B Marshall ADDRESS: 3539 Fall Road

very important. See instructions

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38088

CERTIFICATE OF DEATH

×90 E 38088

1-PLACE OF DEATH Md Gen. Hospital

REGISTERED NO. .....

City of BALTIMORE: (No. ..... St. 1 E 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ruth Grimes

(a) RESIDENCE NO. ~~Queen Anne County~~ 9 Clarksville Md St. ..... Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred ~~36~~ yrs. 1 mos. 9 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. T. S. Grimes

6 DATE OF BIRTH (month, day, and year) ~~Unk~~ July 2nd, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	36	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Queen Anne County (State or country) Md.

PARENTS

10 NAME OF FATHER Clinton Cannon

11 BIRTHPLACE OF FATHER (City or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Roe

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Hospital Record (Address) .....

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per ..... 1928 AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 —, 1928, to Oct 6 —, 1928, that I last saw h~~e~~r alive on Oct 6 —, 1928, and that death occurred, on the date stated above, at 9 00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Flu (1918-20)

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) ..... yrs. ..... mos 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Thos A Gompertz M. D.

19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville, Md. Date of Burial 10/7 1928

20 UNDERTAKER E. J. Fanning & Son - 1938 ADDRESS Lafayette Ave.

very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

38089

HEALTH DEPARTMENT—CITY OF BALTIMORE

38089

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brown

(a) RESIDENCE NO. 707 W Lanvale St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24-1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jessie Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eva Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hosp. Records

(Address) Signed Holmes - 707 Lanvale

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5-28 19

17 I HEREBY CERTIFY, That I attended deceased from 10-1-28, 19 , to 10-5-28, 19 ,

that I last saw h(e) alive on 10-5-28, 19 ,

and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Gen. Appendicitis

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-1-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St. Joe Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 10/9/1928

20 UNDERTAKER: Chas. Geo. N. Holland — ADDRESS: 162 Dartmouth

—2-29-28—L. F. S.—500 Bks.

E 38090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38090

CERTIFICATE OF DEATH

74-001

—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 523 Bloom ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Mary C Frazier

(a) RESIDENCE NO. 523 Bloom ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Clark Frazier

DATE OF BIRTH (month, day, and year) Oct. 1-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Thornton Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bertha Smith

(Address) 523 Bloom St

15 Filed ..., 19 ... Registrar

C. BARTSON JOHNS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Oct 5, 1928, that I last saw h[illegible] alive on Oct 4, 1928 and that death occurred, on the date stated above, at 9:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) G. M. Card, M. D.

10/6, 1928 (Address) 2005 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 10/7/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Division

Spec.–7-17-26—A Co.—200 Bks.

E 38091

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 38091

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Wright

(a) RESIDENCE NO. # 534 W Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Wright

6 DATE OF BIRTH (month, day, and year) march 5. 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	33	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) S.C.

PARENTS

10 NAME OF FATHER unknow

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknow

12 MAIDEN NAME OF MOTHER unknow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknow

14 Informant mercy Hospital

(Address) Blend

15 Filed 1928 Registrar

very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 9/28/28, 19, to 10/4/28, 19,

that I last saw her alive on 10/4/28, 19,

and that death occurred, on the date stated above, at 7 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Peritonsillar Abscess

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

if not at place of death? –

Did an operation precede death? – Date of –

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Auburn Oct 7 1928

20 UNDERTAKER — ADDRESS

Joseph A. Lively 1095 Monroe St

—1-12-23—M&T—500 Bks.

E 38092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38092

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cherry Hill ST. 75-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Ogel.

(a) RESIDENCE NO. Cherry Hill ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ogle

DATE OF BIRTH (month, day and year): June 10. 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	26	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brickyard

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore Md Maryland

10 NAME OF FATHER: John H Ogle Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Ogle

(Address): Cherry Hill

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 .1928. to Oct 4 .1928.

that I last saw him alive on Oct 3 .1928.

and that death occurred, on the date stated above, at 2:55 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) 27 yrs. 2m mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Test of Sputum

(Signed) Raymond Wilbern, M. D.

Oct 4 1928 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: October 8 1928

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Monroe St

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38093 90 E 38093

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

TY OF BALTIMORE: (No. 1447 N. Lakewood ave ST., 6-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Ella M. Lynch

(a) RESIDENCE NO. 1447 N Lakewood ave ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 74 yrs. 6 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen L. Lynch

DATE OF BIRTH (month, day, and year) March 6 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Maria Groves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs John L Groves

(Address) 1447 N Lakewood ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 8, 1928, that I last saw he alive on Oct 4, 1928 and that death occurred, on the date stated above, at 6-00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion of Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. S. Gray, M. D.

10/6 1928 (Address) 627 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Oct 8 1928

20 UNDERTAKER Chas. J. Black — ADDRESS 742 W. North ave

pec. 1-10-21 – M&T – 1500 Bks.

E 38094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38094

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Alto Ave ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Combs Simms.

(a) RESIDENCE NO. 3325 Alto Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A Simms

6 DATE OF BIRTH (month, day, and year) Jan 29-1845

7 AGE Years 83 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER Edgar Combs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary D.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Archibald Simms (Address) 3325 Alto Ave

15 Filed 1928 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 – 6 – 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to 10 – 6 – 1928.

that I last saw h[illegible] alive on 10 – 6 – 1928,

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia 3 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Amerith Lovell M. D.

10/6, 1928 (Address) 3705 Liberty Hgts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 10-8-28

20 UNDERTAKER M. Fahey & Sons

ADDRESS 1629 North Ave

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38095 58-001 E 38095

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 627 E. Fort Ave ST. 24 WARD)

2—FULL NAME Margaret Clarke Fitzpatrick

(a) RESIDENCE NO. 627 E. Fort Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Fitzpatrick

DATE OF BIRTH (month, day, and year) Jan. 1, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Dennis Cavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Avery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Wm Smith

(Address) 627 E. Fort Ave

15 Filed ... 19... Registrar

1928 — Dec 5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 28, to Dec 5, 19 28

that I last saw h alive on Dec 5, 19 28

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. C. Campbell M. D.

Dec 6, 1928 (Address) 1644 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Dec 9, 19 28

20 UNDERTAKER Margaret J. Flynn ADDRESS 1417 Virginia Ave.

—2-29-28—L. F. S.—500 Bks.

E 38096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38096

CERTIFICATE OF DEATH

REGISTERED NO. 2754

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Hebrew aged Home

CITY OF BALTIMORE: (No. Belvedere & Greenspring Av. ST., WARD)

2—FULL NAME IDA. BLOCK

(a) RESIDENCE NO. Belvedere & Greenspring av. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Block

DATE OF BIRTH (month, day, and year)

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E. Baltimore St

15 Filed C. HAMPSON JONES, M. D.
1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5/28

17 I HEREBY CERTIFY, That I attended deceased from Aug-15-, 1928, to Oct-5-, 1928, that I last saw h alive on Oct-5-, 1928 and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) about 4 months yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical course.

(Signed) Herman Sandler, M. D.

Oct 7 1928 (Address) 2407 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Rm — DATE OF BURIAL 10/6 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

2-29-28—L. F. S.—500 Bks.

E 38097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 113 E 38097

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 17454

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd + Calvert ST.) (17 WARD)

2—FULL NAME Alvin Dilley

3(a) RESIDENCE NO. Burgess Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 26, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Burgess Md
(State or country)

10 NAME OF FATHER John Dilley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Blanche Newman

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant —

(Address)

Filed OCT 8 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from October 4, 1928, to Oct 7, 1928.

that I last saw h[illegible] alive on October 7, 1928

and that death occurred, on the date stated above, at 12 20 p.m.

The CAUSE OF DEATH* was as follows:

(a) Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Entero-colitis recurrent attack

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? home (?)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace P. Swartzwelder, M. D.

, 19 (Address) Union Memorial Hosp. Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson

DATE OF BURIAL 10 10 1928

20 UNDERTAKER J. H. Cook

ADDRESS 502 E Lafayette Ave

Cor.—12-9-25—A Co.—200 Bks.

E 38098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 2213 Cecil Ave St. 9-46 Ward)

2-FULL NAME Anna M. Heckmer

(a) RESIDENCE NO. 2213 Cecil Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Heckmer

6 DATE OF BIRTH (month, day, and year) Sept 23/1841

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	87	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Adam Dietrick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Christian Moeller

(Address) 2213 Cecil Ave

15 Filed 10 8 1928 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4/28 Sept 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure-Old Age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Hall M. D.

(Coroner)

10/6/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial 10/8/ 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

very important. See [illegible]

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38099

CERTIFICATE OF DEATH

91-09 E 38099

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1837 S. Charles ST. 23-34 WARD)

2—FULL NAME William H. Kyle.

(a) RESIDENCE NO. 1837 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret W. Kyle.

DATE OF BIRTH (month, day, and year) Nov. 25, 1846.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81,	10,	10.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Veteran.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Jeanette Price, (Daughter)

(Address) 1835 S. Charles St.

15 Filed OCT 8 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6/1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Oct 6, 1928, that I last saw h— alive on Oct 4, 1928, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. K. L. Campbell M. D.

Oct 6, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Oct 8, 1928
20 UNDERTAKER A. Howard Evans	ADDRESS 38 E. Fort Ave

Rec—12-23-21—E.B.R.S.—400 Eks.

E 38100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38100

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 3903 Old York Rd St., 9-47 Ward) Registered No.

2-FULL NAME Henry C. Pfaff

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3903 Old York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 20 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Nov 16-1858

7-AGE: 69 yrs. 10 mos. 20 ds.

If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cigar Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: George Pfaff Jr

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mathilda Moore

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant) Miss Catharine E. Pfaff

(Address) 3903 Old York Rd

15- Filed OCT 8 1928 C. HARRISON JONES, M. D. Registrar. By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 6 1928

17- I HEREBY CERTIFY, That I attended deceased from September 8 1928 to October 6 1928

that I last saw him alive on October 5 1928

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilitation

(Duration) yrs. 15 mos. ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) D. W. Bishop M. D

Oct 9, 1928 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Oct 9, 1928

20-UNDERTAKER: Wm J Smithson & Co

ADDRESS: Balto

—1-12-23—M&T—500 Bks.

E 38101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38101

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 Wyeth ST. 21-24 WARD

REGISTERED NO. 100008

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Hoppe

(a) RESIDENCE NO. 615 Wyeth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie Hoppe

7 DATE OF BIRTH (month, day, and year): Sept 20 1849

AGE: Years 79 | Months 0 | Days 14 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Ludwig Hoppe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Hoppe (Address) 615 Wyeth St.

15 Filed OCT 8 - 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 5, 1928

that I last saw h alive on Oct 5, 1928

and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) T. S. Campbell M. D.

Oct 8, 1928 (Address) 1444 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Oct. 8 1928

20 UNDERTAKER: Mr & Mrs. John N. Teufel & Son — ADDRESS: 801 W Fayette St.

—1-12-23—M&T—500 Bks.

E 38102 E 38102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD) 7-25

REGISTERED NO. 135

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Woolford

(a) RESIDENCE NO. 758 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

PARENTS

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Robert Woolford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records (Address)

15 Filed . 19 Registrar

OCT 8-1928 C. HARRISON JONES, M

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6- 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-6 . 1928, to 10-6 . 1928, that I last saw him alive on 10-6 . 1928 and that death occurred, on the date stated above, at 10:50 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 10-9 1928

20 UNDERTAKER: Daniel Easton

ADDRESS 946 Eutaw

2-29-28—L. F. S.—500 Bks.

Florence Scott

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38103

E 38103

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1011 Thwaites Pl ST. 17th WARD)

—FULL NAME Florence Scott

(a) RESIDENCE NO. 1011 Thwaites Pl ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 1881

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Co
(State or country) Md

10 NAME OF FATHER Charles Scott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Dorsey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mary E. Scott
(Address) 1011 Thwaites alley

15 Filed OCT 8 - 1928 C. HAMPSON JONES
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 19 28, to Oct 6th, 19 28,
that I last saw her alive on Oct 6th, 19 28
and that death occurred, on the date stated above, at 2.40 P. m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) 4 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) 4 days yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Clinical

(Signed) E. Wilson, M. D.

, 19 (Address) 2011 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10-9 1928
20 UNDERTAKER Daniel Easton & Son	ADDRESS 716 Cathedral

1-12-23—M&T—500 Bks.

38104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (ST.) 5-9 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Benson Benston

(a) RESIDENCE NO. 20 N. Spring ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Harrison Benson

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

PARENTS

BIRTHPLACE (city or town) (State or country): Maryland - Unknown

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Filed OCT 8 - 1928 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3. 1928.

17 I HEREBY CERTIFY, That I attended deceased from 3-12, 1928, to 10 - 2, 1928.

that I last saw h er alive on 10 - 2, 1928

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

Unknown (duration) yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

..... (duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antrim Cem.

DATE OF BURIAL: Oct 8 1928.

20 UNDERTAKER: Wendell J. Cupper

ADDRESS: 310 E. Eden St.

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38105

CERTIFICATE OF DEATH.

31 E 38105

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1627- N. Wolfe ST. 8-17 (WARD)

2-FULL NAME Lillian M. Weiss.

(a) RESIDENCE NO. 1627- N. Wolfe ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of George Weiss

DATE OF BIRTH (month, day, and year) 6-18-08.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Louis V. Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mollie Allen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant George Weiss (Address) 1627 N Wolfe St

15 Filed ..... 1928 , 19 C. HAMPTON MOORE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3 , 1928 , to Oct. 6th , 1928 , that I last saw her alive on October 5th , 1928 and that death occurred, on the date stated above, at 12.05 P. m

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of Intestine

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Sputum analysis, X-ray - Dr.

(Signed) Edgar C. Brand, M. D.

, 19 (Address) 1211 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL 10/9/28

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38106 — 129-E 38106

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1723 N. Spring ct. ST., 9-17 (WARD)

2-FULL NAME Latta Murray.

(a) RESIDENCE NO. 1723 N. Spring ct ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~1~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Murray

DATE OF BIRTH (month, day, and year) Jan 1 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	43			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Charles Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Clinton Murray
(Address) 1723 N. Spring st

15 Filed 1928 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/6/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/14/ 1928, to 10/6/ 1928,
that I last saw h alive on 10/5/ 1928
and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Edema Brights Disease

(duration) yrs. 10 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Hartshorn M. D.
10/7 1928 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Osbourn Cemetery

DATE OF BURIAL: 10/9 1928.

20 UNDERTAKER: Lyons - [illegible]

ADDRESS: 1735 Harford av

ec.—1-10-21—M&T—1500 Bks.

38107 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38107

CERTIFICATE OF DEATH. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 41 Dolphin St (St.) (WARD)

REGISTERED NO. 2737

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kadenacher

(a) RESIDENCE NO. 2512 Hanover ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amin K Hademan

6 DATE OF BIRTH (month, day, and year): Sept. 3 1870

7 AGE: Years 58 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Bailer Maker

(c) Name of employer: Cathell Bro

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Casper Haderman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Amin Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amin K Hademan

(Address) 2512 Hanover ave

15 Filed 1928, 19 C. HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 28, to Oct 5, 19 28,

that I last saw h[illegible] alive on Oct 5, 19 28,

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Interstitial chronic nephritis with exacerbation

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 1 28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C C Zimmerman, M. D.

, 19 (Address) 101 Forrest

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: Geo. J. Roth — ADDRESS: 1730 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38108 — CERTIFICATE OF DEATH — 74 001 — E 38108

1-PLACE OF DEATH Balto City Hospitals

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1 Balto Md ST. 5-8 WARD)

2-FULL NAME Robert Carr

(a) RESIDENCE NO. 108 N Calvin St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 1854

6 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
72				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

7 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospts Balto Md.

15 Filed 8-1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/6 19 28

17 I HEREBY CERTIFY, That I attended deceased from 10-12 19 27 to 10-6 19 28

that I last saw him alive on 10-6 19 28

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Senile Psychosis (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Todd Hunt M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid cemetery — DATE OF BURIAL Oct 10 19 28

20 UNDERTAKER Edward Bryan — ADDRESS 1681 Orleans St

2-29-28—L. F. S.—500 Bks.

E 38109 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38109

84

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 2054 E. Eager ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Emma R. Despeaux

a) RESIDENCE NO. 2054 E. Eager ST., WARD

(Usual place of abode)

th of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Theodore W. Despeaux

ATE OF BIRTH (month, day, and year) Feb. 19-1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or . min.
	66	7	18	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John auld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rachel McCluskey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Agnus M. Baldwin

(Address) 2054 E. Eager St

Filed . 19 HAMPSON JONES, Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 6- . 1927. to Oct. 6- . 1928.

that I last saw her alive on October 6- . 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb W. Allen, M. D.

Oct 7- . 19-8 (Address) 1008 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 9 1928
20 UNDERTAKER	ADDRESS
George W. Zinkler	1737 E Eager St.

ec.—1-10-21—M&T—1500 Bks.

E 38110 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38110

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 746 N Lexington ST. H-76 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestina Keiner

(a) RESIDENCE NO. 746 N Lexington ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): May 24 1840

7 AGE — Years: 88 — Months: 4 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Godfred Liffert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Theresa. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Augsburg Home Record

(Address) 746 N. Lexington St

15 Filed OCT 8 - 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5th 1928

17 I HEREBY CERTIFY, That I attended deceased from 1920, 19 ., to Oct. 6, 19 28.

that I last saw her alive on Oct 4, 19 28.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) J. Lowe Kennedy M. D.

(Address) 3002 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Crem.

DATE OF BURIAL: 10-8th 1928

20 UNDERTAKER: Chas A. Robb

ADDRESS: Edmondson Ave.

—1-12-23—M&T—500 Blks.

E 38111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38111

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2218 Madison Ave (WARD) 59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm N. Ivory

(a) RESIDENCE No. 2218 Madison Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgeana Ivory

DATE OF BIRTH (month, day, and year): Oct 24-838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Cecil Co. Md

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Georgeana Ivory (Address) 2218 Madison Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1928, to Oct 6, 1928, that I last saw him alive on Oct 6, 1928 and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Mullan, M. D.

Oct 8-1928 (Address) 923 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL: Oct 8 1928

20 UNDERTAKER: Samuel Beasley ADDRESS 878 N Bdle

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38112 37 E 38112

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospt

CITY OF BALTIMORE: (No. Balto Md St. 5-8 WARD)

2-FULL NAME Sylvester Taylor

(a) RESIDENCE No. 518 N. Eden St. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Jessie Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Daisy Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hospt (Address) Baltimore Md

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-27-, 1927, to 10-7, 1928

that I last saw h[illegible] alive on 10-6-, 1928

and that death occurred, on the date stated above, at 6 55 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Psychosis / Mental Deficiency & Epilepsy

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry Freedman M.D.

10/8/ 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Oct. 11 1928

20 UNDERTAKER Robert E. Mitchell

ADDRESS 1515 W Fayette

2-29-28—L. F. S.—500 Bks.

E 38113 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-001 E 38113

CERTIFICATE OF DEATH

—PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

Y OF BALTIMORE: (No. ST., 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Oscar L. Smith

(a) RESIDENCE NO. 3 E Lond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) —

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town)
(State or country) North Carolina

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lucie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

4 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

5 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1928

17 I HEREBY CERTIFY, That I attended, deceased from Sept 10, 1928, to Oct 7, 1928.

that I last saw h alive on Oct 7, 1928

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

10/8, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakhurst Cemetery	Oct 8 1928
20 UNDERTAKER	ADDRESS
Chas. N. Johnson	416 N. Carolina St.

—1-12-23—M&T—500 Blks.

E 38114 ✓ E 38114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 6-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME James Hill

(a) RESIDENCE No. 1318 W. Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, (Married) Widowed, or Divorced, (write the word)
male	Col	Married

6 If married, widowed, or divorced (a) HUSBAND of or (b) WIFE of not given

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
42				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10 NAME OF FATHER Hilland

11 BIRTHPLACE OF FATHER (city or town) (State or country) La

12 MAIDEN NAME OF MOTHER Addie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 8 1928 . 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-28 . 1928 . to 10-7 . 1928.

that I last saw him alive on 10-7 . 1928 .

and that death occurred, on the date stated above, at 3.00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis, Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [redacted] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Oct 8 1928

20 UNDERTAKER John H. Forden — ADDRESS 1027 Hanover

—1-12-23—M&T—500 Bks.

E 38115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38115

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 E. Pratt ST. 26-37 WARD)

2-FULL NAME George M. Kimmer

(a) RESIDENCE NO. 3404 E. Pratt ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta E. Kimmer

DATE OF BIRTH (month, day, and year) April 25, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73	5	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 86

(b) General nature of industry, business, or establishment in which employed (or employer) Grain Elevator

(c) Name of employer P. R. R.

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Christopher Kimmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Henrietta E. Kimmer (Address) 3324 E. Pratt St

15 Filed OCT 8 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Oct 6, 1928, that I last saw h[illegible] alive on Oct 6, 1928 and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma Brennan M. D.

10/6, 1928 (Address) 2121 Pattison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL TRINITY Cemetery

DATE OF BURIAL Oct. 9 1928

UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet St.

2-29-28—L. P. S.—500 Blks.

38116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38116

CERTIFICATE OF DEATH

90

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 1212 W. Lombard ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Thomas J. Robasson

) RESIDENCE NO. 1212 W. Lombard ST., WARD
(Usual place of abode)

th of residence in city or town where death occurred 1 yr mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
ALE	WHITE	WIDOWER

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov 20 1855

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72		11	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer —

IRTHPLACE (city or town) (State or country) Wales

10 NAME OF FATHER Benjamin Robasson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs. Bessie E. Schwartz

(Address) 1212 W. Fayette St

Filed OCT 8 - 1928 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 - 28

17

I HEREBY CERTIFY, That I attended deceased from Sept 19 27 to Oct - 6 19 28

that I last saw h— alive on Oct - 5 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardio - Vascular — Myocarditis
Chronic

(duration) 2-1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Failure - Cardiac

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. L. Gruner M. D.

19 (Address) 125 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Oct 9 1928
20 UNDERTAKER George J. Smith	ADDRESS 153 Collins St

2-29-28—J. F. S.—500 Blks.

E 38117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38117

CERTIFICATE OF DEATH

74-001

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. Hebrew age House 27-54 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Rebecca Lichtenstein

a) RESIDENCE NO. Belvedere & Greenspring ave WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	W	Indow

married, widowed or divorced
HUSBAND of
(or) WIFE of Unkown

ATE OF BIRTH (month, day, and year) 1848

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) old age

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E Baltimore

Filed OCT 8 1928 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October-7-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct-5- 1928, to Oct. 7- 1928

that I last saw her alive on October-7- 1928

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

one hour
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——— at home

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman Seidel, M. D.

Oct 8 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balt Hebrew	10/8 19 28
20 UNDERTAKER Jack Lewis 1439 E Balto	ADDRESS

...ec.—1-10-21—M&T—1500 Bks.

E 38118

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 38118

CERTIFICATE OF DEATH.

161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 2000 WARD

2-FULL NAME Baby Boy Emory

(a) RESIDENCE NO. 1918 W. Lexington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 8-1928

7 AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or min.
—	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John King Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Genevieve Zellor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) John King Emory 1918 W. Lexington

15 Filed OCT 8 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-8- 1928 to 10-8 1928

that I last saw him alive on 10-8 1928

and that death occurred, on the date stated above, at 5 a.m. m.

The CAUSE OF DEATH* was as follows:

Birth injury
(Forceps delivery)
Intracranial hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Fenwick Hill Evans M. D.

1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Balto. Cemetery Oct. 8 1928

20 UNDERTAKER ADDRESS

George L. Schmidt 210 Eutaw Ave.

1-12-23—M&T—500 Bks.

38119 HEALTH DEPARTMENT—CITY OF BALTIMORE

H+ E 38119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals ST., 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred T Adley

(a) RESIDENCE NO. 1513 W. Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

DATE OF BIRTH (month, day, and year): [redacted] 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	"			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: -

BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: George Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lewis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Filed . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 6 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-19 , 1928 to 10-6 , 1928

that I last saw h[illegible] alive on 10-6 , 1928

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Mason M. D.

. 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: Thomas F. Kelson

ADDRESS: 1303 Pennsylvania Ave

1-12-23—M&T—500 Blks.

38120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 38120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 N. Bruce ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Copeland

(a) RESIDENCE No. 634 N. Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Copeland

DATE OF BIRTH (month, day, and year) Jan. 1, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
50	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Clarksville Va.

PARENTS

10 NAME OF FATHER John Skipwith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Clarksville Va.

12 MAIDEN NAME OF MOTHER Effie (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Consola Copeland

(Address) 634 N. Bruce St.

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 19 28

17

I HEREBY CERTIFY, That I attended deceased from June 1, 19 28, to Oct. 6, 19 28, that I last saw her alive on Oct. 6, 19 28, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Sub-acute parenchymatous nephritis

(duration) yrs. 5 mos 5 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Oct 9 19

20 UNDERTAKER Thomas E. Peters ADDRESS

1-12-23—M&T—500 Bks.

Edward Wells Tinque

38121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 38121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 Mad ave (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Wells Tinque

(a) RESIDENCE NO. 610 Mad. ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) JAN. 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82.	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Henry W. Jenkins Sons Co (Address) Orchard & McCulloh

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/V/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/V/ 1928 to 10/V/ 1928 that I last saw h alive on 10/V/ 1928 and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Tinque Elke, M. D.

10/V/ 1928 (Address) 524 Mad. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Plain N.Y. DATE OF BURIAL 10-8 1928

20 UNDERTAKER: Henry W. Jenkins Sons Co. ADDRESS Orchard & McCulloh

1-12-23—M&T—500 Blks.

E 38122 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-09 E 38122

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 W Conway St. 22 30 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Ernest Weeks

(a) RESIDENCE NO. 105 W Conway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 6/28

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Bath Me

PARENTS

10 NAME OF FATHER: Ernest Weeks

11 BIRTHPLACE OF FATHER (city or town) (State or country): D C

12 MAIDEN NAME OF MOTHER: Nora S. Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Nora Weeks

(Address) 105 W Conway

15 Filed 1928, 19 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 5, 1928

that I last saw h live on Oct 5, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(5 Hours after birth)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Camp M.D.

Oct 6, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: OCT 8 1928

20 UNDERTAKER: Commissioner Health.

ADDRESS

or.—12-9-25—A Co.—200 Bks.

E 38123

HEALTH DEPARTMENT—CITY OF BALTIMORE

1821 E 38123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating in the water at Pier No.5 & 6 Pratt St.

City of BALTIMORE: (No. 4 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.(c)

(a) RESIDENCE NO. Do not know. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE — Years: 40 — Months: ----- — Days: ----- — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Do not know.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Police Report. C.D.

(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Body found September 22, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas Bullock M. D.

(Coroner)

10/5 19 28 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

1928 C. HAMPSON JONES, M. D.

REGISTERED [illegible] Registrar

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38124 E 38124

CERTIFICATE OF DEATH.

× 197

24-33

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Durant.(C)

(a) RESIDENCE NO. 25 South St. New York City. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred En route. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE: Years: 25 Months: --------- Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mess boy.

(b) General nature of industry, business, or establishment in which employed (or employer): Stmr. Columbine.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Porto Rico.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: POlice Report. SD.

(Address)

15 Filed HAMPDEN JUNE, 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis folowing a pistol shot wound in the abdomen inflicted in self defense.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto F. Einnard M. D. (Coroner)

10/5 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death? Union Ship Yard, Fairfield

Former or usual residence Sept. 16, 1928

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY Date of Burial OCT 8 - 1928

20 UNDERTAKER: Otto Feinnaglauer Funeral ADDRESS

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38125

CERTIFICATE OF DEATH.

1882 E 38125

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian M Dean

(a) RESIDENCE NO. 1721 E. 33rd St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James Dean

6 DATE OF BIRTH (month, day, and year) July 12-1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	57	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William McIntosh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Hannah Walters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Walter B. Dean

(Address) 1721 E. 33rd St

15 Filed C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Struck by street car Harford Ave & Homestead St-Aug 25th

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Mason M. D.

(Coroner)

10-7-25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Oct 10th 1925

20 UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument St

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38126

CERTIFICATE OF DEATH

100-001 E 38126

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1357 Hull ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Caroline E. Jackson

a) RESIDENCE NO. 1357 Hull ST., WARD

(Usual place of abode)

th of residence in city or town where death occurred 1 yrs. 6 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White.	Infant,

married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

ATE OF BIRTH (month, day, and year) March, 22, 1927

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1,	6,	15.	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Albert E. Jackson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Carrie E. Berends,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Carrie E Jackson, (Mother)

(Address) 1357 Hull St.

Filed C. HAMPTON JONES M. D. Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 7, 1928

that I last saw h alive on Oct 6, 1928

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

a Bronco Pneumonia (Primary)

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. 17 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. P. Campbell M. D.

Oct 8, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Lebanon Cem. DATE OF BURIAL Oct 9, 1928

20 UNDERTAKER A. Edward Evans ADDRESS 38 E Fort Ave

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38127

CERTIFICATE OF DEATH.

90 L 38127

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 600 Mount Lehir St., 4-th Ward)

2-FULL NAME John T. Bordley

(a) RESIDENCE NO. 600 Mount Lehir St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alberta Sharp

6 DATE OF BIRTH (month, day, and year): July 25, 1882

7 AGE — Years: 46 — Months: 2 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Harry F. T. Bordley

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Minnie Thompson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: Harry F. T. Bordley

(Address): 600 Mountpelier St.

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7 - 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) mos. — ds.

Dec 8 1928 (Signed) J. T. Bordley M. D.

(Coroner)

7/2, 19 (Address) 143 W. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cemetery Waverly — Date of Burial: 10/10/1928

20 UNDERTAKER: Henry W. Mears & Son — ADDRESS: 805 N. Calvert St.

Very Important

cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38128

CERTIFICATE OF DEATH.

7409 E 38128

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1832 E. North Ave St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius C. Stallknecht

(a) RESIDENCE NO. 1832 E. North Ave St. Ward

(Usual place of abode) 62

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Stallknecht

6 DATE OF BIRTH (month, day, and year): June 29/1857

7 AGE: Years 71 Months 3 Days 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Norfolk, Va.

PARENTS

10 NAME OF FATHER: Ernst A. Stallknecht

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Kalbritter

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Katherine Stallknecht

(Address): 1832 E. North Ave

15 Filed: C. HAMPSON JONES, M. D. 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Price M. D.

(Coroner)

10-8-28 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial Oct 10 1928

20 UNDERTAKER: Henry Lutz ADDRESS 1203 N. Broadway

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38129

CERTIFICATE OF DEATH.

66 E 38129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 636 W. Fayette St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Owen L. Reynolds

(a) RESIDENCE NO. 636 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 20, 1873.

7 AGE: Years 45 Months 3 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Michael Reynolds

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Grey

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant Mrs. Anna Fitzpatrick

(Address) 5605 Traymore Road.

15 Filed C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Edgar Feldman M. D.
(Coroner)

10/7 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampton Date of Burial Oct 9 19 28

20 UNDERTAKER [illegible] ADDRESS 509 Eutaw St

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38130

CERTIFICATE OF DEATH.

X 185 E 38130

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hospital (Ward) 17-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hellegard A. Dietscher

(a) RESIDENCE NO. Rogers Forge Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie E. Dietscher

6 DATE OF BIRTH (month, day, and year): Nov. 9, 1876

7 AGE: Years 51 Months 10 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Furness, Withy Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward Dietscher

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Jessie Schindler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Sweden

14 Informant: Edward A. Dietscher

(Address): Rogers Forge Md

15 Filed: [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Struck by Pulley Block on Ship

Accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey M. D.

(Coroner)

Oct 8, 1928 (Address) 2632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Date of Burial Oct 11 1928

20 UNDERTAKER: H. C. Cook ADDRESS 507 Eldorado Ave

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38131 E 38131

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ins.) ST. 9627 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Howard

(a) RESIDENCE NO. 330 Monroe st. S ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1928, to Oct. 5, 1928, that I last saw him alive on Oct. 5, 1928, and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith, M. D.

10-6 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | DATE OF BURIAL: Oct 9 1928

20 UNDERTAKER: John C. Miller | ADDRESS: 2735 Eutaw

2-29-28—L. F. S.—500 Bks.

38132 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38132

CERTIFICATE OF DEATH

—PLACE OF DEATH Johns Hopkins Hospital REGISTERED NO.

Y OF BALTIMORE: (No. ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Margaret Tempa

a) RESIDENCE NO. 180 E Main St., Elkton WARD.
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem'l	white	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest Tempa

ATE OF BIRTH (month, day, and year) 12/23/96

GE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
31 32	10	5	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment In which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER George W

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Esther Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records
(Address) Johns Hopkins Hospital

Filed OCT 9 - 1928 19 HARRISON JONES M Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 8 - 28

17 I HEREBY CERTIFY, That I attended deceased from 10 - 7, 1928, to 10 - 8, 1928.

that I last saw h.. alive on 10 - 5, 1928

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

umbal nervous system has
Hemichorea

(duration) yrs. 6 mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Elkton, Md

Did an operation precede death? no Date of no

Was there an autopsy? yes

What test confirmed diagnosis? Lumbar puncture

(Signed) Oskar Diethelm, M. D.

10-8, 19 28 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elkton, Md	Oct 11 1928
20 UNDERTAKER J. J. Tucker & Son	ADDRESS Elkton, Md

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38133 E 38133

CERTIFICATE OF DEATH

—PLACE OF DEATH Sydenham Hospital REGISTERED NO.

Y OF BALTIMORE: (No. ST., 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Morris Tyler

) RESIDENCE NO. 210 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	W	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of April 11, 1928

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	5	27	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Grandson Tyler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York City

12 MAIDEN NAME OF MOTHER Catherine Costola

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

Informant Sydenham Hosp records
(Address)

Filed 1928 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8, 1928

17
I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 8, 1928,
that I last saw him alive on Oct 8, 1928
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Pertussis
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H Bachman, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stt Marys Hampden

UNDERTAKER Wm Cook

DATE OF BURIAL 10/9 19 28

ADDRESS 502 E Fayette

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38134

E 38134

CERTIFICATE OF DEATH

99-002

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 143 N. Biway St. 64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Lee M. Claw

(a) RESIDENCE NO. 143 N. Biway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert E. McClain

6 DATE OF BIRTH (month, day, and year): Nov 16 - 1849

7 AGE: Years 79 - Months 10 - Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in whirh employed (or employer): -

(r) Name of employer: Lynchburg Va

9 BIRTHPLACE (city or town) (State or country): Lynchburg Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Alice B. B. Eades (Daughter)

(Address) 143 N. Biway

15 Filed OCT 9 - 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Oct 7 - 1928

that I last saw her alive on Oct. 4, 1928

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis.

(duration) 1 yrs. 17 weeks.

CONTRIBUTORY (Secondary): Exhaustion.

(duration) yrs. mos. 1 da.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? By Examination

(Signed) Dr. Lulu B. Eades M. D.

(Address) 143 N. Biway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: 10/10/1928

20 UNDERTAKER: J. F. Moran

ADDRESS 300 E. Baltimore

1-12-23—M&T—500 Blks.

E 38135 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospls 129

CITY OF BALTIMORE: (No. Balto Md ST. 23-34 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. C. Dames

(a) RESIDENCE NO. 15 E Barney St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 13 - 1871

AGE: Years 57 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Chas. W. William Dames

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Nes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant (Address) Balto City Hosp Balto Md

15 Filed OCT 9 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-3 1928, to 10-8 1928, that I last saw alive on 10/8 1928, and that death occurred, on the date stated above, at 12 25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Agitated Depression

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Hampson Jones M. D.

10/8 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL 10-11 1928

20 UNDERTAKER C. H. B. Hale ADDRESS 115 E Mosher

or.—12-9-25—A Co.—200 Blks.

E 38136 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38136

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 436 Grindall St. St. 24-33 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles V.Blair.

(a) RESIDENCE NO. 436 Grindall St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, HUSBAND of Mary E.Blair.

6 DATE OF BIRTH (month, day, and year): April 6,1877

7 AGE — Years: 51 — Months: 6 — Days: 0 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rigger.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): St.Marys Co.Md.

PARENTS

10 NAME OF FATHER: Jeremiah Blair.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): St.Marys Co.Md.

12 MAIDEN NAME OF MOTHER: Julia Mattingly.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): St.Marys Co.Md.

14 Informant: Mary E.Blair.(wife)

(Address): 436 Grindall St.

15 Filed OCT 9 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 6,1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas V. Blair M. D.

(Coroner)

10/7 1928 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: 10-10 1928

20 UNDERTAKER: E.T.Blake — ADDRESS: 115 E. Mt. St.

2-29-28—L. F. S.—500 Bks.

E 38137 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38137

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3810 Foster ave ST. 26-27 WARD)

—FULL NAME Mary E. Stiffler

) RESIDENCE NO. 3810 Foster ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occucred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of John L. Stiffler

ATE OF BIRTH (month, day, and year) Oct 23/1895

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	16	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General natuce of industry, business, or establishment in whirh employed (or employer) None

(c) Name of employec

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Charles Kamke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Malkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant John L. Stiffler

(Address) 3810 Foster Ave

Filed OCT 9 1928, 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-1928

17

I HEREBY CERTIFY, That I attended deceased from July, 19 27, to Oct 8, 19 28,

that I last saw h r alive on Oct. 7 19 28

and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Lorraine A. Ellert, M. D.

Oct 8, 19 28 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL Oct 11 19 28

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

Spec.—7-17-26—A Co.—200 Bks.

38138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38138

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. V. Rugheimer

(a) RESIDENCE NO. 528 W. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 23/50

7 AGE — Years: 78 Months: 1 Days: 16 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor in O.R.

(b) General natore of industry, business, or establishment in which employed (or employer): Operating room

(c) Name of employer: Mercy Hospital

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Peter Rugheimer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Catherine Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mrs Barbara Will

(Address) 528 W. Mulberry St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1928 to Oct 7 1928

that I last saw him alive on Oct 7 1928

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular disease, decompensated heart

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Benign hypertrophy prostate

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 7. 1928

Was there an autopsy? ~~Yes~~ Yes.

What test confirmed diagnosis? Medical exam. Operation

(Signed) J Peyton Barnes M. D.

10-7 1928 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity — Date of Burial: 10/10 1928

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38139

E 38139

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1313 S. Carey St. 15-23 Ward)

REGISTERED NO. 887

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Huber

(a) RESIDENCE NO. 1313 S. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 64 Months: 8 Days: 24 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Frank Huber

(Address)

15 Filed OCT 9 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. A. Brooke, M. D. (Coroner)

, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 10/9/1928

20 UNDERTAKER: L. J. Jaeger Sons — ADDRESS: 311 Light

2-29-28—L. F. S.—500 Bks.

38140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 38140

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1516 Rutland ave ST. 8-17 WARD)

—FULL NAME Charles A Latham

a) RESIDENCE NO. 1516 Rutland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale.	White	Married.

married, widowed, or divorced HUSBAND of (or) WIFE of Mary Latham

ATE OF BIRTH (month, day, and year) July 4 1863

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	3	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Connecticut

10 NAME OF FATHER Albert Latham

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mary Latham

(Address) 1516 Rutland ave

Filed ..., 19...

C. HARTSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/28

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Oct 7, 1928, that I last saw h[illegible] alive on Oct 7, 1928 and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Edward Keller, M. D.

, 19 (Address) 100 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emanuel Cemetery	10/10 1928
20 UNDERTAKER	ADDRESS
Louis Heemann	37 S Bway

ec.—1-10-21—M&T—1500 Bks.

E 38141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38141

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) Sinai Hospital St., 4-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nettie B. Parsons

(a) RESIDENCE NO. 1814 Bolton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 64 yrs. 1 mos. 6 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Archer J. Parsons

7 DATE OF BIRTH (month, day, and year): Aug-31-1864

8 AGE: Years 61 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Piedmont W Va.

PARENTS

10 NAME OF FATHER: Franklin D Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Winchester Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Skinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Winchester Va.

14 Informant (Address): Archer J. Parsons - (Husband) 1814 Bolton St

15 Filed OCT 9 - 1928. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 6 1928

17 I HEREBY CERTIFY, That I attended deceased from September 28, 1928, to October 6, 1928, that I last saw her alive on October 6, 1928, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.
Pneumococcus Type IV

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture of sputum

(Signed) Fredrick D. Wolf, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 9 1928

20 UNDERTAKER: Stewart Memorial Co — ADDRESS: 108 W North Ave

2-29-28—L. F. S.—500 Bks.

38142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38142

CERTIFICATE OF DEATH

113

PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 21-29

Y OF BALTIMORE: (No. 33rd & Calvert ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Louis Powell

a) RESIDENCE NO. 1142 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Nov 7 1927

GE Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	11	1	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md Baltimore

10 NAME OF FATHER Robert Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruby Mahler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mother Mrs Powell

(Address) 1142 Carroll St.

Filed OCT 9 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8. 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-6, 1928, to 10-8, 1928, that I last saw h.. alive on 10-8, 1928 and that death occurred, on the date stated above, at 12 35 P.m.

The CAUSE OF DEATH was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bilateral Otitis media - Entero-colitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace L. Swan M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Oct 10 19 28
20 UNDERTAKER	ADDRESS
J. Wm Howard & Son	[illegible]

1-12-23—M&T—500 Blks.

E 38143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38143

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Lanvale ST. 21-24 WARD)

2-FULL NAME Mary L. Cookman.

(a) RESIDENCE No. 910 Lanvale ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 2 1925.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John L. Cookman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary A. Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John L. Cookman

(Address) 910 Lanvale St.

15 Filed OCT 9 1928, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1928, to Oct 8, 1928;

that I last saw h[illegible] alive on Oct 8, 1928,

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia.
Primary.

(duration) 2 yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Chas. Norton, M. D.

(Address) 888 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Oct 10, 1928

20 UNDERTAKER John F. Cowan & Co

ADDRESS Gay & Lee

1-12-23—M&T—500 Bks.

E 38144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38144

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Ryan St. 21 29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa H. Magness.

(a) RESIDENCE NO. 905 Ryan ST ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. John Magness.

DATE OF BIRTH (month, day, and year) Nov. 26th.

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
56	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Shaw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Laurence Lunde (Address) 905 Ryan St.

15 Filed OCT 4 1928 H. HANSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1928. to Oct. 6. 1928.

that I last saw her alive on Oct. 4. 1928

and that death occurred, on the date stated above, at 8.10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms Etc.

(Signed) Chas. Jos. Hoffman, M. D.

, 19 (Address) 888 Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Oct 7th 1928
20 UNDERTAKER	ADDRESS
John J. Keenan & Son	[illegible]

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38145

CERTIFICATE OF DEATH.

14-001 E 38145

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1016 E. Biddle St St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tabitha Dunton

(a) RESIDENCE NO. 1016 E. Biddle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

If married, widowed, or divorced: (a) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 72 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER Mr Stewart

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Charles A. Webb

(Address) 1016 E. Biddle St

15 Filed OCT 9 1928 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

10-9-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va. Date of Burial: Oct. 10 1928

20 UNDERTAKER: Henry Hoeck Son ADDRESS: 1301 E Eager St

2-29-28—L. F. S.—500 Bks.

38146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38146

CERTIFICATE OF DEATH

90

PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 2871 Woodbourne ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Solomon Deane

) RESIDENCE NO. 2871 Woodbourne ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Deane

TE OF BIRTH (month, day, and year) 1854

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74				

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) Russia (State or country)

10 NAME OF FATHER Jacob Deane

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

Informant Jack Lewis

(Address) 1439 Eutaw St

Filed OCT 9 - 1928 By HAROLD A. WILLIAMS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1928, to Oct 8 1928

that I last saw h alive on Oct 8 1928

and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis;

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home (place of death)

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical diagnosis

(Signed) Jno. J. Pustyn, M. D.

Oct 9, 1928 (Address) 1504 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	10/9 1928
20 UNDERTAKER Jack Lewis	ADDRESS 1439 Eutaw St

sc.—1-10-21—M&T—1500 Bks.

E 38147 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp (ST.) 14-28 (WARD) 161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Ubndle

(a) RESIDENCE NO. 1802 Mc Henry St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-7-28

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md (State or country)

PARENTS

10 NAME OF FATHER Elmer Ubndle

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Gertrude Mc Kenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Elmer Ubndle. (Address) 1802 Mc Henry St City

15 Filed OCT 9 1928 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8- 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-7- 1928, to 10-8 1928, that I last saw him alive on 10-8 1928 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Intra cranial Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Birth trauma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy and spinal puncture

(Signed) ..... M. D.

10/9 1928 Address James Mayerberg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 10/9 1928

20 UNDERTAKER John J Edwards Son

ADDRESS

2-29-28—L. F. S.—500 Bks.

38148

HEALTH DEPARTMENT—CITY OF BALTIMORE

38148

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. ST 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Wilson

3) RESIDENCE NO. 3231 Lexington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city nr town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 hours			

CCUPATION OF DECEASED

(a) Trade, professinn or articular kind of work

(b) General nature nf industry, us ness, or establishment in hich employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Ind -

10 NAME OF FATHER Walter L. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Lillian Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

Informant Records

(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5-1928

17 I HEREBY CERTIFY, That I attended deceased from October 4, 1928, to Oct 5, 1928, that I last saw h/i alive on October 5, 1928 and that death occurred, on the date stated above, at [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. C. Goodwin M. D.

10/9, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

HARRISON JONES M D

2856 RM

2-29-28—L. F. S.—500 Bks.

E 38149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001 E 38149

—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ST., 26-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Joseph Wilson

a) RESIDENCE NO. 3231 Leverton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2 Hours			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Walter L. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lilian Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 2857 OCT 9 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5-1928

17

I HEREBY CERTIFY, That I attended deceased from October 2, 1928, to Oct. 5, 1928, that I last saw h[illegible] alive on October 5, 1928 and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

10/9, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
Commissioner Health.	OCT 9 - 1928

5 1928 C. HAMILTON JONES, M. D.

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38150

CERTIFICATE OF DEATH.

31

E 38150

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 831½ W. Fairmount Ave. 16-16 Ward)

2-FULL NAME Manovia Holmes

(a) RESIDENCE NO. 831½ W. Fairmount st. AVE Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 19 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address)

15 Filed ___ HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Eugene Feldman M. D.

(Coroner)

9/28, 1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

UNIVERSITY OF MARYLAND 1928

20 UNDERTAKER — ADDRESS

OCT 9 1928

1-12-23—M&T—500 Bks.

38151 E 38151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 7-9 (WARD)

2-FULL NAME Louis Busch

(a) RESIDENCE NO. 1925 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of or) WIFE of Maude

6 DATE OF BIRTH (month, day, and year) Dec. 13th 1875

7 AGE 54 Years | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John P.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Avery Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1928, to 10-8, 1928, that I last saw him alive on 10-8, 1928, and that death occurred, on the date stated above, at 7.09 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left

with Rt Hemiplegia

(duration) yrs (7)6 mos ds

CONTRIBUTORY (Secondary) Hypertention

Infarction (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Beck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetary | DATE OF BURIAL 10/11/1928

20 UNDERTAKER E. J. Fanning & Son - 1938 E. Lafayette Ave. | ADDRESS

1-12-23—M&T—500 Bks.

E 38152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 24-35-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME ~~James~~ John T Ellis

(a) RESIDENCE NO. 1416 Towson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~45~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Cant Know

AGE 78 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Wm Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kundigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Friends of (Address) BALTIMORE CITY HOSPITALS

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-18, 1928, to 10-7, 1928, that I last saw him alive on 10-7, 1928 and that death occurred, on the date stated above, at 11:35 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, general, with senile dementia

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertrophic arthritis arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) F. M. Stech, M. D.

10/8, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery | DATE OF BURIAL Oct 10 1928

20 UNDERTAKER Margaret L. Flynn | ADDRESS 1422 Light St.

2-29-28—L. F. S.—500 Bks.

E 38153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38153

CERTIFICATE OF DEATH

X 32

—PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

Y OF BALTIMORE: (No. ST., 1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Charles Lowman

) RESIDENCE NO. Bowie - Md - ST., WARD Bowie Md
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 5/12/27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	27	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Charles Lowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Everhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Reynolds

(Address) JOHNS HOPKINS HOSPITAL

Filed 1928 C. HAMPSON JONES M. D. Registrar

RKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-9-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 19 28, to Oct-9, 19 28,

that I last saw h alive on Oct-9, 19 28

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J C Goodwin, M. D.

10/9, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowie Md.

DATE OF BURIAL Oct 12th 1928.

20 UNDERTAKER Mrs Frank Wood.

ADDRESS Mitchellville Md

1-12-23—M&T—500 Bks.

8154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 111-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... ST., 1-13 WARD)

2-FULL NAME Willard Daniels.

(a) RESIDENCE No. 1832 E Eager St ST. ..... WARD .....
(Usual place of abode)

ngth of residence in city or town where death occurred Not Known mos. ..... da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

ATE OF BIRTH (month, day, and year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
yrs to support 35 yrs.				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Not known

(c) Name of employer Not known

BIRTHPLACE (city or town) (State or country) Not known Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Margret Daniel
(Address) 1832 E. Eager St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 7, 1928, that I last saw him alive on Oct 7, 1928, and that death occurred, on the date stated above, at 2:15 pm m.

The CAUSE OF DEATH* was as follows:

Ruptured gastric ulcer
Perforation of the colon

(duration) Not known yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? yes Date of Oct 6, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy findings

(Signed) C. M. Frost, M. D.

19 (Address) Baltimore City, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lake Branch	Oct 9 1928
20 UNDERTAKER Mrs. P. A. Elliott	ADDRESS 1425 Ashland Ave

2-29-28—L. F. S.—500 Bks.

38155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr C Dickson 3055 N North Ave

L. 38155

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No.) 527 E 20th ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Laura D. Schmidtman

) RESIDENCE NO. 527 E 20th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

h of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: mal White

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of William F Schmidtman

TE OF BIRTH (month, day, and year) May 9 1864

E	Years	Months	Days	If LESS than 1 day, hrs. or min
	64	4	29	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

IRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Phillip Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Wm F Schmidtman

(Address) 527 E 20th St

Filed 1928 C H Stetson Jones M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1928, to Oct. 8th, 1928, that I last saw her alive on Oct. 8th, 1928 and that death occurred, on the date stated above, at 11.4 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C Dickson, M. D.

Oct 8 1928 (Address) 3055 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 10 10 1928

20 UNDERTAKER: Wm Cole — ADDRESS: 502 E North Ave

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1160 E 38156 — 113 E 38156

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ST., 1627 WARD)

—FULL NAME Dixon Wheeler

) RESIDENCE NO. 1910 Edmondson ST. Ave WARD
(Usual place of abode)
(If non-resident give city or town and State)

th of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Male | 4 COLOR OR RACE: White | 5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Baby

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Sept 21, 1928

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		7	17	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Clarence Wheeler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Hooper

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Md

4 Informant Records
(Address)

5 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1928

17 I HEREBY CERTIFY, That I attended deceased from September 3, 1928, to October 7, 1928, that I last saw h[illegible] alive on October 7, 1928 and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Entero colitis
(not Dysentery)

Indeterminate (duration) ... yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. C. Goodwin, M. D.

10/8, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury M.E. Cemetery

DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: William Cook Love & Matha

ADDRESS

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38157

CERTIFICATE OF DEATH

E 38157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 509 W. Washington ST. (WARD) 7-4

FULL NAME George W. Clark

RESIDENCE NO. 509 W. Washington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Ann Clark

TE OF BIRTH (month, day, and year) Jan 10, 1852

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	18	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gas & Elec Co

IRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER George Clark

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Ann Richardson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Annapolis Md

Informant Ann Clark

(Address) 509 W Washington St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5. 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/20, 1927, to 10/8/28, 19

that I last saw him alive on 10/1/28, 19

and that death occurred, on the date stated above, at 10.50 a m.

The CAUSE OF DEATH* was as follows:

Basal Cell Carcinoma
of R side of face

(duration) Indefinite abt 1 yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? yes Date of Xray treatment

Was there an autopsy? for 2-3 months no

What test confirmed diagnosis? Laboratory & Clinical

(Signed) E. W. Leagarden M. D.

10/9, 1928 (Address) 522 Lex Bldg. Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	Oct 11 1928
20 UNDERTAKER	ADDRESS
Thomas Cook	522 E Lex St

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38158

CERTIFICATE OF DEATH.

10-09 E 38158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 (Street) William (Ward) 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John N Sklers

(a) RESIDENCE NO. 1114 (Street) William (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Sklers

7 DATE OF BIRTH (month, day, and year): unk 1886

8 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Greece

PARENTS

10 NAME OF FATHER: Geo Sklers

11 BIRTHPLACE OF FATHER (City or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Greece

14 Informant (Address): Wife - Sklers 1114 William street

15 Filed, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 - 8 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 7. 1928. to Oct 8. 1928.

that I last saw him alive on Oct 8 1928

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms Signs

(Signed) W. D. Peabody M. D.

Oct 9, 1928 (Address) 2105 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 10/11 1928

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Catron Ave

1-12-23—M&T—500 Bks.

E 38159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38159

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. October - 8 - ST., WARD)

2-FULL NAME Miss Katherine Louise Engel

(a) RESIDENCE NO. 1223 Lusor St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Nov 24 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	5	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland -

PARENTS

10 NAME OF FATHER George Engel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Heidderstetten Germany

12 MAIDEN NAME OF MOTHER Christiana Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md -

14 Informant Home Records (Address) 4 E Cedar Ave

15 Filed 10/1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct - 8 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept - 21 - 1928, to October 8 - 1928, that I last saw her alive on Oct - 5 - 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis -

over 1 (duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. O. Mayo, M. D.

Oct 8, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: Wm J Ecker & Sons ADDRESS: North Ave

c.—1-10-21—M&T—1500 Blks.

38160

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 38160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1810 E. 28th St. ST., 9-4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Say

(a) RESIDENCE NO. 1810 E. 28th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): married.

6 If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Elis Cathrine Say.

7 DATE OF BIRTH (month, day, and year) March 4 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71.	7	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired car builder

(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Say

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER: Margaret Irving

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland.

14 Informant: Mrs. Cathrine Say.

(Address): 1810 E. 28th St.

15 Filed OCT 10 1928 19 C. HAMPSON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 — 8 1928

17 I HEREBY CERTIFY, That I attended deceased from January. 1927. to October- 8. 1928.

that I last saw him alive on October- 6. 1928.

and that death occurred, on the date stated above, at 4 15 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) (10)? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arterio Sclerosis

9 Thrombosis (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Chas. Wilbur Stewart. M. D.

10. 8. 1928 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: Oct. 10 1928

20 UNDERTAKER: Wm. J. Tickner Sons

ADDRESS: N. & Pa

c.—1-10-21—M&T—1500 Bks.

E 38161 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38161

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 Calhoun ST. 16-22 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Della Estep

(a) RESIDENCE No. 1616 Calhoun ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Wesley Estep

DATE OF BIRTH (month, day, and year) Aug 17, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	1	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co. Md

PARENTS

10 NAME OF FATHER Charles Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md.

12 MAIDEN NAME OF MOTHER Martha Estep

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md.

14 Informant: John Wesley Estep
(Address) 1616 Calhoun St.

15 Filed OCT 10 1928 C. HAMPSON JONES, M. D. Registrar

Per 283

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 8, 1928, that I last saw h[illegible] alive on Oct 8, 1928, and that death occurred, on the date stated above, at 12 N P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

19 (Address) 1927 E Oliver

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship A. A. Co. DATE OF BURIAL: Oct 9 1928

20 UNDERTAKER: Virginia A. Brooke ADDRESS: 1463 N. Carey

-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38162

CERTIFICATE OF DEATH

E 38162

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No. Sydenham Hospital ST. 25-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Russell Bingaman

RESIDENCE NO. 414 Baltic Ave ST., WARD

(Usual place of abode)

h of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Aug 3, 1926

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	5	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work child

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Russell Bingaman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs Russell Bingaman

(Address) 414 Baltic Ave

Filed OCT 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Oct 8, 1928, that I last saw h im alive on Oct 8, 1928 and that death occurred, on the date stated above, at 8 35 P m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G Lee, M. D.

Oct 9, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Oct 9 1928

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

1-12-23—M&T—500 Blks.

E 38163 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38163

CERTIFICATE OF DEATH.

15-574-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4658 Park Heights Av ST. 15-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Davis Busch

(a) RESIDENCE NO. 4658 Park Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Arabelle Busch

DATE OF BIRTH (month, day, and year) Oct 23

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst Foreman of Carriage

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. C. Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George W. Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Rose Jeffers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Arabelle Busch

(Address) 4658 Park Heights Av

15 Filed OCT 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 7, 1928, that I last saw h[illegible] alive on Oct 7, 1928, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Gilbert, M. D.

, 19 (Address) 4758 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Dec.—7-17-26—A Co.—200 Bks.

E 38164 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 38164

CERTIFICATE OF DEATH

1-PLACE OF DEATH 212 West Biddle Street REGISTERED NO.

City of BALTIMORE: (No. Baltimore Maryland Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Harry Brady

(a) RESIDENCE NO. 212 West Biddle St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): February 19 1850

7 AGE: Years 78 Months 8 Days 20 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Hugh Brady

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Timmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Lilly White (Niece) (Address) 1050 West Baltimore St

15 Filed OCT 10 1928 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 1928 to October 9 1928 that I last saw him alive on Oct 8 - 1928 and that death occurred, on the date stated above, at 2.40 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Prostate (duration) 10 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Prostate (duration) 10 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Frank Adler Morris M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Oct 12 19 28

20 UNDERTAKER Edward G Fink ADDRESS 736 Pulaski [illegible]

...r.—12-9-25—A Co.—200 Bks.

E 38165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38165

1-PLACE OF DEATH

City of BALTIMORE: (No.) Bryan Memorial Hospital St., Ward)

2-FULL NAME William A Smith

(a) RESIDENCE NO. 604 W Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 24 1910

7 AGE — Years: 18 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoeworker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Melvin Smith

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Rosetta Kelley

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Rosetta Smith

(Address) 1604 Lafayette ave

15 Filed 10 1928 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (today or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) — find that said deceased came to death on the date stated above.

The CAUSE OF DEATH was as follows:

Fracture Base of Skull

Auto accident.

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

10/7, 1928 (Address) 2632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial: Oct 10 1928

20 UNDERTAKER: John H Toadvine ADDRESS: 1017 Park Ave

1-12-23—M&T—500 Bks.

38166 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38166

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 16-23 109-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) ST., WARD)

2-FULL NAME William Chargo

(a) RESIDENCE No. 1025 No Athole ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Mary

DATE OF BIRTH (month, day, and year) ? 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Benjamin

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 10 1928, 19 C. MANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 8 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 10-8, 1928, that I last saw him alive on 10-8, 1928, and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Virants angina

mouth and Throat

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Slack, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 10/11 1928

20 UNDERTAKER Wm. Jno. H. Holland

ADDRESS 1631 Druid Hill

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38167

CERTIFICATE OF DEATH.

38167

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-21 ST., 100-001 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jones

(a) RESIDENCE NO. 724 E. Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 3-1-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54		7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Annapolis Md

PARENTS

10 NAME OF FATHER John H Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Basford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant University Hospital (Address)

15 Filed, OCT 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from October 4th, 1928, to October 9th, 1928, that I last saw h[illegible] alive on October 9th, 1928, and that death occurred, on the date stated above, at 4:45 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia right side

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Diffuse Nephritis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis A. Gundry, M. D.

Oct 9, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md.

DATE OF BURIAL Oct 10 1928

20 UNDERTAKER Jas. S. Taylor & Sons

ADDRESS Annapolis Md

or.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38168

CERTIFICATE OF DEATH.

1925 197

E 38168

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 17-25 Ward)

REGISTERED NO.

2-FULL NAME Helen Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 516 Pearl St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Christopher Smith

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Bowser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Millie Distance

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mrs. Christine McCann

(Address) 1809 Division St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun-shot wound of abdomen.
Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis.

(duration) ..... yrs. ..... mos. ..... ds.

Signed Eugene Gilbert, (Coroner) M. D.

10/9/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial OCT 10 1928 19

20 UNDERTAKER Samuel Beasley Wade ADDRESS 578

OCT 10 1928 C. HAMILTON SMITH M.

1-12-23—M&T—500 Bks.

38169 HEALTH DEPARTMENT—CITY OF BALTIMORE 38169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 739 Dolphin St. 17-24 WARD)

2-FULL NAME Victoria Harris

(a) RESIDENCE NO. 739 Dolphin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
70	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Theresa Seaton (Address) 108 W-141st New York.

15 Filed OCT 10 1928, 19 C. HAMILTON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928, to Oct 8, 1928, that I last saw her alive on Oct 7, 1928, and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Extremities

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam

(Signed) Thos E. Wright M. D.

10/9, 19 28 (Address) 1176 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Millstone St Nicholas Md

DATE OF BURIAL: OCT 10 1928, 19

20 UNDERTAKER: Lewis D Beasley

ADDRESS: 578 Windsor

2-29-28—L. F. S.—500 Bks.

E 38170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38170

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE (No. 17 S. Fremont Ave ST., WARD)

FULL NAME Dora Shapiro

) RESIDENCE NO. 178 Fremont Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

h of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	white	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of David Shapiro

TE OF BIRTH (month, day, and year) 1871

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work Housewife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Levis

(Address) 1439 E Baltimore St

OCT 10 1928 C. HAMPSON JONES, M.

Filed ....., 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9/28

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to Oct 9th, 1928,

that I last saw h alive on Oct 9th

and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Fibroid Phthisis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Joseph E Wichman, M. D.

Oct 10, 1928 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 10/10 1928

20 UNDERTAKER Jack Levis 1439 E Balt St

ADDRESS

-29-28—L. F. S.—500 Bks.

38171 HEALTH DEPARTMENT—CITY OF BALTIMORE 38171

CERTIFICATE OF DEATH

-PLACE OF DEATH

REGISTERED NO. 15402

Y OF BALTIMORE: (No. 7-4 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Edward Beling

) RESIDENCE NO. 1740 E. Lombard ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Bby

married, widowed, or divorced
HUSBAND of Baby
(or) WIFE of

TE OF BIRTH (month, day, and year) Oct 6

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Edward Beling

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Rose Dumbeck

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Edward Beling

(Address) 1740 E. Lombard

Filed OCT 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9-28

17 I HEREBY CERTIFY, That I attended deceased from 10-6, 1928, to 10-9, 1928,

that I last saw h[illegible] alive on 10-9-28

and that death occurred, on the date stated above, at 8 07 A. M.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Edema

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of [illegible]

Was there an autopsy? [illegible]

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

10-10-28 (Address) 1000 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baby Redeemer Cem. DATE OF BURIAL Oct 10 1928

20 UNDERTAKER Martin W. C. Lipscomb ADDRESS 91 St. Paul St.

c.—1-10-21—M&T—1500 Bks.

38172

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 38172

CERTIFICATE OF DEATH.

154-002

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3206 Howard Pk Ave (St.) 28-6d (WARD)

2-FULL NAME Byrn Bryant

(a) RESIDENCE NO. 3206 Howard Pk Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 5, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	2	7	5	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Washington. D.C.

10 NAME OF FATHER Charles Burn Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Helen Loring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Moorhead Minn

14 Informant Charles B. Bryant

(Address) 3206 Howard Park

15 Filed OCT 10 1928 C. HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Oct 10, 1928, that I last saw her alive on Oct 10, 1928 and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart

(duration) 2 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Baldwin, M. D.

, 19 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Creek Cemetery, Washington D. C.

DATE OF BURIAL 10/11 1928

20 UNDERTAKER Henry W. Dreas & Son

ADDRESS 345 N. Gay St.

c.—I-10-21—M&T—1500 Bks.

E 38173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38173

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 N. Patterson PK Ave. 8-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Rezek

(a) RESIDENCE NO. 1200 N. Patterson PK Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rezek

DATE OF BIRTH (month, day, and year): Feb 11 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Czecho Slovakia

PARENTS

10 NAME OF FATHER J. Franc

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czecho Slovakia

12 MAIDEN NAME OF MOTHER Mary Maturia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Czecho Slovakia

14 Informant: George Rezek (Son)

(Address) 1200 Patterson PK Ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8th, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 8, 1928, that I last saw her alive on Oct 8, 1928, and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Embolism of lungs.

(duration) yrs. mos. 5 days

CONTRIBUTORY (Secondary) Phlebitis of left leg

(duration) yrs. 1 mos. 2 days

18 Where was disease contracted if not at place of death?: Czecho. Slovakia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. H. Jenkins, M. D.

1929, 19 28 (Address) 2828 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill

DATE OF BURIAL: Oct 11 1928

20 UNDERTAKER: Frank Brockhoff Son

ADDRESS: 1900 Eutaw

1-12-23—M&T—500 Blks.

38174

HEALTH DEPARTMENT—CITY OF BALTIMORE

38174

CERTIFICATE OF DEATH.

1-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1944 Hollins ST. (WARD) 20-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Velten Jr

(a) RESIDENCE NO. 1944 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 26-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	14	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Jr High School

BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Henry Velten Sr

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Katherine Steadman

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant John Henry Velten Sr

(Address) 1944 Hollins St

15 Filed Oct 10 1928 C. HARRISON M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8- 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 8, 1928,

that I last saw h alive on Oct 8, 1928

and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) meningitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Funkhouser, M. D.

, 19 (Address) 1303 W. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Co— DATE OF BURIAL 10/11/28

20 UNDERTAKER Jos Weber & Son ADDRESS 2503 Eutaw

2-29-28—L. F. S.—500 Bks.

38175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 38175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ST. 19-28 WARD)

-FULL NAME Elizabeth Lorch

) RESIDENCE NO. 424 S. Gilmor ST., WARD
(Usual place of abode)

h of residence in city or town where death occurred 9 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) April 12, 1927

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	20	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER William Lorch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger Germ

12 MAIDEN NAME OF MOTHER Ida Hutzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant

(Address)

Filed OCT 10 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1928, to Oct 8, 1928, that I last saw h 2 alive on Oct 8, 1928 and that death occurred, on the date stated above, at 9.30 Am.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia complicating Pertussis - in an infant with chronic gastro intestinal functional disturbance (1 Mo. Dysentery)

Pneumonia (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pertussis 3 weeks

Summer Diarrhea (duration) yrs. 2 mos. 2 1 ds.

18 Where was disease contracted? Pertussis If not at place of death? Home - Pneumonia in Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood exam.: W.B.C. - 90,000 Hb 75% Lymph

(Signed) L. C. Googins, M. D.

10/8, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 10 1928
20 UNDERTAKER	ADDRESS
Harry W. Fritzke	1534 W. Lombard

6-9-19—H. P. Co.—1000 Bks.

38176 HEALTH DEPARTMENT—CITY OF BALTIMORE 38176

CERTIFICATE OF DEATH.

REGISTERED NO. 137

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 839 Franklin St. 18-Ba (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy Richardson

(a) RESIDENCE. No. 839 Franklin ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): Single
If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 25 1879

AGE: Years 49, Months 2, Days 14
If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Richard Richardson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Priscilla Thomas
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Arretta Campbell
(Address) 839 Franklin

15 Filed 10 1928
C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10 1928 to Oct. 9th 1928
that I last saw her alive on Oct. 8th 1928
and that death occurred, on the date stated above, at 8:45 a. m.
The CAUSE OF DEATH* was as follows: Acute Nephritis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Chas R Davis M. D.
(Address) 2108 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Crem. DATE OF BURIAL: Oct 18 1928
20 UNDERTAKER: Wm. H. Clause & Son ADDRESS: 1400 Monroe

6-0-19—H. P. Co.—1000 Blks.

38177 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38177

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1101 N. Lovale St. (Hospital, Ward) 16-23 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hinton

(a) RESIDENCE. No. 1101 N. Lovale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): M.

If married, widowed, or divorced HUSBAND of (or WIFE of): Clara Hinton

6 DATE OF BIRTH (month, day, and year): Oct 7 1899

7 AGE: Years 29 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Ry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elizabeth City N C

PARENTS

10 NAME OF FATHER: Carson Hinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Josephine Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant: Clara Hinton (Address) 1312 Stricker St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/7 1928 to 10/8 1928, that I last saw him alive on 10/5 1928, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan Francis M. D.

10/8 1928 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth. N. C. DATE OF BURIAL: Oct 10 1928

20 UNDERTAKER: Samuel H Casebeer (ADDRESS) 1400 Mosher

Hall

c.—1-10-21—M&T—1500 Bks.

E 38178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38178

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N East Ave ST., 26 WARD)

2-FULL NAME Mary Elizabeth Hessler

(a) RESIDENCE NO. 136 N East Ave ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced (or) WIFE of Louis Hessler

DATE OF BIRTH (month, day, and year) April 4, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	4	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Martinsburg W Va

PARENTS

10 NAME OF FATHER Jacob Dorsey Copenhaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinsburg W.Va

12 MAIDEN NAME OF MOTHER Anna Beller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinsburg W.Va

14 Informant Laird E. Hessler. (Address) 136 N. East ave

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 8, 1928, that I last saw her alive on Oct 8, 1928, and that death occurred, on the date stated above, at 9 25 A m.

The CAUSE OF DEATH* was as follows:

Streptococcic tonsillitis, acute myocarditis, chr nephritis & hypertension (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. data

(Signed) Lev Schlenger, M. D.

, 19 (Address) 3034 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Oct 11 1928

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S Wolfe

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38179

CERTIFICATE OF DEATH

49 E 38179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 627 So Third ST., 26 WARD)

FULL NAME Micheal C. Funk.

RESIDENCE NO. 627 So Third ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna Funk

DATE OF BIRTH (month, day, and year): Dec 29-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Litographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Bernard Funk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Edna Funk

(Address) 627 So Third st.

Filed Oct 10 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8-1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 15- 1928, to Sept. 8- 1928, that I last saw him alive on ~~Sept.~~ Oct. 5 1928 and that death occurred, on the date stated above, at 8. a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Lung (mets static)

over (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma right foot

over (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? X-Ray & Laboratory

(Signed) Allen A. Brothers, M. D.

10-9, 1928 (Address) 313 a E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Hearts Cem. DATE OF BURIAL: Oct 12 1928.

20 UNDERTAKER: Lilly Zeiler INC ADDRESS: 413 a Wolfe

-29-28—L. F. S.—500 Bks.

E 38180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E 38180

REGISTERED NO.

-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... ST., 1-1 WARD)

-FULL NAME Doris Faber

) RESIDENCE NO. 1015 S Linwood ST.; ..... WARD
(Usual place of abode)
(If non-resident give city or town and State)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of —
(or) WIFE of

TE OF BIRTH (month, day, and year) 3/28/28

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	10	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Clifford Faber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bedford, Mass.

12 MAIDEN NAME OF MOTHER Henrietta Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

4 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

5 Filed ....., 19.....

100 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-9-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-26, 1928, to Oct-9, 1928, that I last saw h[illegible] alive on Oct-9, 1928, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Entero-colitis
(not Dysentery)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Otitis media - Mastoid

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10/2/28

Was there an autopsy? No

What test confirmed diagnosis? Signs

(Signed) J. C. Hoffman, M. D.

10/9, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Oct 11 1928

20 UNDERTAKER George N. Finkler — ADDRESS 1737 E. Eager st.

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38181

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 184-203 / E 38181

City of BALTIMORE: (No.) Union Memorial St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Ingram

(a) RESIDENCE NO. Clarendon, Va St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia H. Ingram

6 DATE OF BIRTH (month, day, and year) Apr. 19 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor 086

(c) Name of employer Self

9 BIRTHPLACE (city or town) Cleveland

(State or country) Ohio

PARENTS

10 NAME OF FATHER James A. Ingram

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Martha Jones

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Wales

14 Informant Father Ramsey, Va

(Address) Clarendon, Va

15 Filed ..... 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Accident Accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Morrissey M. D.

(Coroner)

10/15 1928 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clarendon, Va Date of Burial 10/10 1928

20 UNDERTAKER W. J. Lekens Sons ADDRESS Clarendon, Va

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38182

CERTIFICATE OF DEATH.

90

E 38182

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3133 Strickland St (WARD)

2-FULL NAME Minnie Tschuckardt

(a) RESIDENCE No. 3133 Strickland St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or WIFE of: August Tschuckardt

DATE OF BIRTH (month, day, and year): Feb 14 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Stahl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Pfaundenbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: August Tschuckardt

(Address): 3135 Strickland St

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

OCT 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Oct 9, 1928,

that I last saw h alive on Oct 9, 1928

and that death occurred, on the date stated above, at 6 05 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis (general)
mitral regurgitation, h
enlarged heart with Chronic Passive
Congestion (duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial decompensation
Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? -

What test confirmed diagnosis? Findings

(Signed) Damian P Alagia, M. D.

, 19 (Address) 336 Eddison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem

DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 W. Fort Ave

1-12-23—M&T—500 Blks.

E 38183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38183

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100-W-Universtiy Pkwy. ST. 12 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry O'Connell

(a) RESIDENCE NO. 100-W-University Pkwy. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 85 yrs. 2 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline B.O'Connell

DATE OF BIRTH (month, day, and year) July-28-1843

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	85	2	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Banker

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): South Egremont Mass.

PARENTS

10 NAME OF FATHER William O'Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Ireland

12 MAIDEN NAME OF MOTHER Weltha Karner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.Egremont Mass.

14 Informant (Address): Mrs.Caroline B.O'Connell (wife) 100 W.University Pkwy.

15 Filed Oct 12 1928 Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1928 to Oct 10th 1928, that I last saw him alive on Oct 7th 1928 and that death occurred, on the date stated above, at 5.50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

Mitral regurgitation

(duration) 4 yrs mos 10 ds

CONTRIBUTORY (Secondary) Cerebral hemorrhage, Exhaustion due to senility (duration) yrs 2 mos 23 ds.

18 Where was disease contracted if not at place of death? at his home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? yes

(Signed) J. Hubridge, M.D.

Oct 10 1928 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Oct-12-28

20 UNDERTAKER

ADDRESS

C. THOMPSON JONES M.D.

THE WERNER COMPANY

...r.—12-9-25—A Co.—200 Bks.

E 38184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002 E 38184

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Belvedere Hotel. St. 11-15 Ward)

2-FULL NAME Ethan A. Nevin.

(a) RESIDENCE NO. Newark. New York. St. Ward Newark-N.Y.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred En route yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

a If married, HUSBAND of (WIFE of) Louise D. Nevin.

6 DATE OF BIRTH (month, day, and year) December 18, 1870

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
57	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Helena. N. Y.

(State or country)

PARENTS

10 NAME OF FATHER Benjamin P. Nevin

11 BIRTHPLACE OF FATHER (city or town) Helena, N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER Atta M. Johnson.

13 BIRTHPLACE OF MOTHER (city or town) Helena, N. Y.

(State or country)

14 Informant Louise D. Nevin. (wife)

(Address) 522 Church St. Newark, N. Y.

15 Filed ..... 19 ....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) October 10. 1928.

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

CONTRIBUTORY (Secondary) (duration) ...yrs. ...mos. ...ds.

(Signed) (duration) ...yrs. ...mos. ...ds.

(Coroner) M. D.

10/10/28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs. 0 mos. 1/2 ds. In the State 0 yrs. 6 mos. 1/2 ds.

Where was disease contracted, if not at place of death? ? ? ? ?

Former or usual residence Newark-N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark-New York. Date of Burial Oct/10/1928.

20 UNDERTAKER Stewart & Mowers Co ADDRESS 108 W Mont

1928 CHARLES S. ... M. D.

c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 38185

E 38185

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5312 Anglewood Ave ST., 27-4th (WARD)

2-FULL NAME Williams L Lauer

(a) RESIDENCE NO. 5312 Anglewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Laundry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lauer's Mechanic

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Lauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Kubler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Geo L Lauer

(Address)

15 Filed ..., 19 ... Registrar

HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Oct 8, 1928.

That I last saw h alive on Oct 6, 1928

and that death occurred, on the date stated above, at 9:55 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ... yrs ... mos ... ds.

CONTRIBUTORY (Secondary) Chr Diffuse nephritis

about 2 0 (duration) ... yrs ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John C Legge M. D.

, 19 (Address) NE Cor St Paul & 33d

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 10 19 28

20 UNDERTAKER William G Schaefer

ADDRESS 1[illegible]

c.—1-10-21—M&T—1500 Bks.

E 38186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38186

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. Louis Hosp 4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Maggio

(a) RESIDENCE NO. 1722 East 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Matillara Maggio

7 DATE OF BIRTH (month, day, and year) Aug 25, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery 019

(c) Name of employer Owner

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Rosario

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Culotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Charles Di Pobla

(Address) 1722 E. 30th St

15 Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5 , 1925 , to Oct. 8 , 1925

that I last saw h[illegible] alive on Oct 8 , 1925 ,

and that death occurred, on the date stated above, at 9 15 A m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene

(duration) yrs. 2 mos 1 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 25. 25

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab.

(Signed) Irving J. Littman , M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 11 1925

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2615 E. Baltimore

[illegible] C. HAMPSON JONES, M. D.

ec.—1-10-21—M&T—1500 Bks.

38187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38187

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 666 W Saratoga st (WARD) 25

2-FULL NAME Eliza J Huddleson d

(a) RESIDENCE (Usual place of abode) No 668 W Saratoga ST., WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John V Huddleson

6 DATE OF BIRTH (month, day, and year) Dec 9 1865

7 AGE Years 62 Months 10 Days 29

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Michael Hermen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Johanna Grisenhan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) John V Huddleson 666 W Saratoga st

15 Filed May 10 1928 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Oct 8, 1928, that I last saw her alive on Sept 10, 1928, and that death occurred, on the date stated above, at 1004 m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Contributory (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Dalton P. Bell, M. D.

, 19 (Address) 1631 Division & Preston Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 10/11/28

20 UNDERTAKER Lange & Bailey ADDRESS Fulton & Fayette

or.—12-9-25—A Co.—200 Bks.

E 38188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1928 E 38188

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital St. 15-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Revelle

(a) RESIDENCE NO. 2700 W. North Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Revelle

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Sidney F. Revelle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Heath

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant George F. Revelle

(Address) Washington, D.C.

15 Filed ..... A. M. ..... Registrar

BY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) died that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of cheat.
Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage. Septic Pneumonia.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

10/10 1928 (Address) 2739 Eastern Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Mount Hope Lane. Balto. Co. Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prince Anne Md — Date of Burial Oct 1 1928

20 UNDERTAKER Edward Dohn — ADDRESS 3[illegible] Eastern Ave.

928 C. HAMPSON JONES, M. D.

or.—12-9-25—A Co.—200 llks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38189

CERTIFICATE OF DEATH.

129 E 38189

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 2409 Aisquith St St., 9-46 Ward)

2-FULL NAME Ellis E. Cohn

(a) RESIDENCE NO. 2409 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cohn

7 DATE OF BIRTH (month, day, and year) Jan 13/1892

8 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	36	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Colman Cohn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Emma Klein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bermany

14 Informant Mrs. H. Goodman

(Address) 1201 W. North Ave

15 C. HAMPSON JONES, M. D.

16 [illegible] 1928 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

10/9/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Date of Burial 10/10/28

20 UNDERTAKER J. Aarons & Co ADDRESS 2432 Kossuth

or.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38190

CERTIFICATE OF DEATH.

X 90 E 38190

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 430 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred H. Morris

(a) RESIDENCE NO. 5th. Ave. Glenburnie, Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 10, 1848

7 AGE: Years 80 Months 8 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs. Frank Long (Daughter)

(Address): 5th. Av. Glenburnie, Md.

15 Filed ..... 19.. Registrar

C. HAMPSON JONES M. D.

Per ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 10, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zellers, M. D.

(Coroner)

10/10/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Date of Burial Oct 13 1928

20 UNDERTAKER: John F Penny ADDRESS 715 Light St

or.—12-9-25—A Co.—200 Bks.

E 38191

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-203
86-E 38191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. South Baltimore General Hospital, Ward

2-FULL NAME Raymond Neighoff.

(a) RESIDENCE NO. Rosemont, Balto. Co. Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) October 6.1921

7 AGE

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
7	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Rosemont, Balto. Co. Md.

PARENTS

10 NAME OF FATHER George A. Neighoff.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kendall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant George A. Neighoff. (father)

(Address) Rosemont Balto. Co. Md.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8.1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, struck and knocked down by an automobile while playing in the roadway.
Accidental Death.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) [signature] M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

(Where was disease contracted, if not at place of death?)

Annapolis Rd. Rosemont. Balto Co. Md.

Former or usual residence October 8, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Finding Cab Funeral Oct 10th 28

20 UNDERTAKER ADDRESS

H. O. Middleton 1650 W. Balto St

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38192

CERTIFICATE OF DEATH

90 E 38192

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1633 Clarkson ST. 23-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Mary A. Driscoll

) RESIDENCE NO. 1633 Clarkson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Driscoll

ATE OF BIRTH (month, day, and year) Dec. 9. 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mass.

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Jennie Koors

(Address) 1633 Homestead St.

15 Filed , 19 Registrar

1928 C. HARRISON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 8, 1928

that I last saw h alive on Oct 8, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. T. Campbell, M. D.

Oct 9, 1928 (Address) 1644 Homestead

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. a.a.

DATE OF BURIAL Oct. 10 1928

20 UNDERTAKER Margaret A. Flynn

ADDRESS 1412 Light

ec.—12-9-25—A Co.—200 Bks.

E 38193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38193

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1212 Longwood St. 16-67 Ward)

2-FULL NAME Lilly A. Manning

(a) RESIDENCE NO. 1212 Longwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. Manning

6 DATE OF BIRTH (month, day, and year) Mar 28 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Jos. Stanton

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md,

12 MAIDEN NAME OF MOTHER Mary Manning

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto, Md.

14 Informant Mrs Catherine Mullen,

(Address) 1212 Longwood St,

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Oct 8th, 1928, that I last saw h[illegible] alive on October 8, 1928, and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lung & larynx

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Duodenal ulcer

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted Balto.

If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Operation & microscopic

(Signed) Joseph Gichner, M. D.

Oct 10, 1928 (Address) 320 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Oct 11 1928

20 UNDERTAKER Margaret & J. F. Lynn ADDRESS 1422 Light St

OCT 29 1928 C. CAMPBELL COOLEY, M. D. Registrar

Spec.–7-17-26—A Co.—200 Bks.

E 38194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 38194

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Marshall

(a) RESIDENCE NO. 1831 Covington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James E Marshall

6 DATE OF BIRTH (month, day, and year): July 25th 1887

7 AGE — Years: 40 Months: 2 Days: 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas H. Shanley

11 BIRTHPLACE OF FATHER (City or town):

(State or country): New Haven Conn.

12 MAIDEN NAME OF MOTHER: Mary A Joyce

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. md.

14 Informant: Thos. Shanley.

(Address): 1414 E. Fort Ave.

15 Filed ....., 19 ..... Registrar

OCT 9 1928 C. HARRISON JONES, M. D. RMA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/9/28 19

17 I HEREBY CERTIFY, That I attended deceased from 10/5/28, 19..., to 10/9/28, 19..., that I last saw her alive on 10/9/28, 19..., and that death occurred, on the date stated above, at 4 33 P.M.

The CAUSE OF DEATH* was as follows:

Luetic Cardio-Vascular Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? - Yes.

What test confirmed diagnosis? Clinical

(Signed) Jos. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Oct 12 1928

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1142 Light

1-12-23—M&T—500 Bks.

38195 E 38195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1609 Barnes ST., 7-13 WARD)

2-FULL NAME Isabella Williams

(a) RESIDENCE NO. 1609 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1870

AGE: Years 58 · Months · Days · If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Cecil County Md

PARENTS

10 NAME OF FATHER: James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Charlotte Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Lena Nelson 1609 Barnes St

15 Filed OCT 11 1928 C. H. THOMPSON JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20. 1928. to Oct 8. 1928.

that I last saw h[illegible] alive on Oct 8. 1928

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Vascular disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) ——

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Chas L Gallen, M. D.

Oct 9. 1928 (Address) 08 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: 10-11-1928

20 UNDERTAKER: Mrs Chas L. Bailey — ADDRESS: 1421 Jefferson St

C.—8-24-14—M. & T.—2000 Blks.

38196

HEALTH DEPARTMENT—CITY OF BALTIMORE

38196

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 213 W Montgomery ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wardie Lee

Residence in Baltimore: No. 213 Montgomery St St.; 6 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July (Month) 12 (Day) 1922 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City Md

PARENTS.

10-NAME OF FATHER, Mack McCarty Lee

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Cordessa Smothers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Cordessa Lee

(Address) 213 Montgomery St.

15- C. HAMPSON JONES, M. D.

Filed ..... 1928 ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 11 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1928 to Oct 10 1928, that I saw h 2 alive on Oct 10 1928, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows: Infantile Paralysis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY Nil (Secondary)

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) J. Hammond Brown M. D.

....., 191... (Address) 118 W Hamburg St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, 10 12, 1928

20-UNDERTAKER Wm Chas G. Bailey

ADDRESS 1421 Jefferson St

Page W. STINE, NOS. 1 TO 2[illegible]

—1-12-23—M&T—500 Bks.

E 38197 HEALTH DEPARTMENT—CITY OF BALTIMORE 99-001 E 38197

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., WARD)

2-FULL NAME Barbara Gallagher

(a) RESIDENCE NO. Preston + Valley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Barbara Keane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Little Sisters of the Poor
(Address)

15 Filed Oct 11 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 19 , to , 19 ,

that I last saw h Er alive on Sunday Oct 7, 1928,

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Warner, M. D.

Oct 10, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Oct 11 1928

20 UNDERTAKER: Pila Friedrich + Grumbine — ADDRESS

12-23—M&T—500 Bks.

E 38198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓ E 38198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

Y OF BALTIMORE: (No. Baltimore City Hospitals ST. 5-8 WARD)

-FULL NAME James Sanders

(a) RESIDENCE No. 911 Hillen st. ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1906

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER James Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed OCT 11 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 24, 19 28, to Oct. 8, 19 28, that I last saw h im alive on Oct. 8, 19 28 and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Septic Laryngitis

(duration) 1m 2d 1m 2d

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical & autopsy

(Signed) Henry C. Smith M. D.

10-9-19 28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 10/11 19 28

20 UNDERTAKER John J Fahey Sons — ADDRESS 1318 Light St

Spec.-7-17-26-A Co.-200 Bks.

E 38199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38199

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 736 Cumberland St. 15-21 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Hall

(a) RESIDENCE NO. 736 Cumberland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15 1905

7 AGE Years 23 Months Days 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waters filler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hellas Waters Co.

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Wm. Hall

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Clemmons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Marys Co. Md

14 Informant Mary Hall.

(Address) 736 Cumberland St.

15 Filed OCT 11 1928, 19 H. HAMPSON JONES, M. D. Registrar

Per

very important. See instructions on

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9-1928

17

I HEREBY CERTIFY, That I attended deceased from 9-29- 1928, to 10-9- 1928, that I last saw him alive on 10-9- 1928, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Phthisis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank A. Saunders, M. D.

10-9-1928 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Auburn

Date of Burial 10-10 1928

UNDERTAKER David Easton

ADDRESS 916 Ostend

...r.—12-9-25—A Co.—200 Bks.

E 38200 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38200

CERTIFICATE OF DEATH. 188-103

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen Hosp St. 14-59 Ward

2-FULL NAME Ross Ford.

(a) RESIDENCE NO. 517 Baker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	widower

6 If married, widowed, or divorced HUSBAND of (OR) WIFE of unknown.

7 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Ross Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Fuller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Edw F Harvey

(Address) Hall Rd Catonsville Md

15 Filed OCT 11 1928 C. HAMPSON JONES, M.D. Registrar

Per Hall

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull. (Automobile Accident) (duration ... yrs. ... mos. one ds.

CONTRIBUTORY (Secondary) (duration ... mos. ds.

Oct 8th 1928 (Address) with Res & Dun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. one ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Selma Ave & Mc Mechen

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 10-10 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Cathedral

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38201 E 38201

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH

City of BALTIMORE: (No. 1200 Sargent St. 21-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Shevick

(a) RESIDENCE NO. 1200 Sargent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnen Shevick

6 DATE OF BIRTH (month, day, and year): -----1888

7 AGE: Years 40; Months; Days; IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

15 Filed ....., 19 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Lee Norris M. D.

(Coroner)

10/11, 192 8 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kehren Rosedale Cem. Date of Burial 10/12/28

20 UNDERTAKER: Jack Lewis ADDRESS 1439 Eastern

HAMPSON JONES

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38202

E 38202

CERTIFICATE OF DEATH.

117

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) Sinai Hospital ST. 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen S. Goldfoos.

(a) RESIDENCE NO. 949 N. Bway. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of May Goldfoos

DATE OF BIRTH (month, day, and year) March 30 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	10	

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Jaffe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bintzen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore St

15 Filed OCT 11 1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1928, to Oct. 10, 1928,

that I last saw her alive on Oct. 10 1928,

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis -

mesenteric thrombosis.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 10-4-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. S. Goldmann, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 10/11 1928

20 UNDERTAKER

ADDRESS Jack Lewis 1439 E Balto st

1-12-23—M&T—500 Bks.

E 38203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 38203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

Y OF BALTIMORE: (No.) 753 W. Mulberry ST. 17th WARD)

-FULL NAME Georgiana Holland

(a) RESIDENCE NO. 753 Mulberry ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Blk	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Ambrose Holland

ATE OF BIRTH (month, day, and year) May 186[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64 - 4		—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) West River A. A. Co Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

PARENTS

14 Informant (Address) Charles Holland 753 W. Mulberry St

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1928, to Oct 9, 1928, that I last saw her alive on Oct 4th, 1928, and that death occurred, on the date stated above, at 8.55 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Fordemann, M. D.

, 19 (Address) 856 N. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Oct 12, 1928

20 UNDERTAKER Katie R. Williams — ADDRESS 322 N. Schroeder St

c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38204 38204

CERTIFICATE OF DEATH.

161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9-17 WARD)

2-FULL NAME Baby Earl

(a) RESIDENCE NO. Chase Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 10th 1928

AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
	—	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balty. Maryland

PARENTS

10 NAME OF FATHER Robert A. Earl

11 BIRTHPLACE OF FATHER (city or town) Edgar (State or country) Maryland

12 MAIDEN NAME OF MOTHER Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland

14 Informant (Address) Robert A. Earl Chase Md.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/10/ 1928 to 10/11/ 1928, that I last saw h[illegible] alive on 10/11/ 1928, and that death occurred, on the date stated above, at 4 05 A. m.

The CAUSE OF DEATH* was as follows:

Birth Trauma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 10/10/28

Was there an autopsy? No

What test confirmed diagnosis? Symptoms only

(Signed) J. H. Costigan M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orems M. E. Cemetery — DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: Frederick Lansdowne — ADDRESS: Fullerton

OCT 11 1928 C. HAMILTON JONES, M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38205

CERTIFICATE OF DEATH.

90 E 38205

1-PLACE OF DEATH

City of BALTIMORE: (No. 1006 Argyle Ave. 17th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles White

(a) RESIDENCE NO 1006 Argyle Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

7 DATE OF BIRTH (month, day, and year): 1879

AGE: Years 49 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mrs. Black

(Address) 1006 Argyle

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

OCT 11 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Oct 8 1928 (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. Date of Burial Oct 11 1928

20 UNDERTAKER: Samuel A Hemby ADDRESS 578 W Biddle

2-29-28—L. F. S.—500 Bks.

38206 E 38206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH Johns Hopkins Hospital

Y OF BALTIMORE: (No. ..... ST., 7-9 WARD)

—FULL NAME Blanche Callaway

a) RESIDENCE NO. Laurel - ~~Del~~ Del. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Married

married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John W. Callaway

ATE OF BIRTH (month, day, and year) ———

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md Baltimore md.

10 NAME OF FATHER Edward S. DuBois

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Friends
(Address) Johns Hopkins Hospital

15 Filed ... C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11 1928

17 I HEREBY CERTIFY, That I attended deceased from September 22 1928 to Oct 11 1928, that I last saw her alive on Oct 11 1928 and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Severe secondary anaemia

(duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-4-28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Gilbert F. Irait. M. D.

10/11 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel, Delaware.	10/11 1928
20 UNDERTAKER	**ADDRESS**
Hommeas & Son	Laurel Del

2-29-28—L. F. S.—500 Blks.

38207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

88 E 38207

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1528 Ashland ST., 7-13 WARD)

FULL NAME Betty Williams

RESIDENCE NO. 1528 Ashland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
7	C	Widow

married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ John Henry Williams

TE OF BIRTH (month, day, and year) — —1872

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	?	?	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Littleton
(State or country) North Carolina

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown.

Informant Mrs. Harrison Daughter

(Address) 1527 Ashland

Filed OCT 11 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8. 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1928, to Oct. 8, 1928

that I last saw h~~er~~ alive on Oct. 8, 1928

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) W. T. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Oct 11, 1928
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Eutaw

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

649 38208 X 101-001 E 38208

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ST., 7-9 WARD)

FULL NAME, Katherine Mac Donald

RESIDENCE NO. Havre de Grace ST., Md WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3			

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Michigan

10 NAME OF FATHER Bert Mac Donald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan

12 MAIDEN NAME OF MOTHER Minnie Pillotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed OCT 21 1928, 19 C. HAMPSON JONES, M.D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 11, 1928, that I last saw h alive on Oct 11, 1928, and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis Rt Tibia
Septicemia ?
&

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Pleurisy + Pneumonia
right base (duration) yrs. mos. 4? ds.

18 Where was disease contracted if not at place of death? Havre de Grace (home)

Did an operation precede death? Yes Date of 10-9-28 + 10-10-28

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture Taken 10-10-28

(Signed) Winston Wilson, M. D.

10/11, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace Md. DATE OF BURIAL Oct 14 1928

20 UNDERTAKER J. A. Cunningham & Son ADDRESS Havre De Grace Md

c—1-10-21—M&T—1500 Blks.

Lewis M. Harris ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38209 E 38209

CERTIFICATE OF DEATH.

122-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2634 Edmondson Ave. ST. 16-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis M. Harris,

(a) RESIDENCE NO. 2634 Edmondson Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide R. Harris,

DATE OF BIRTH (month, day, and year) May 12, 1853.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	26	

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Buckingham Co. Virginia

PARENTS

10 NAME OF FATHER W. S. Harris,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Isabelle Woods.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

14 Informant: Mrs. Adelaide R. Harris (Address) 2634 Edmondson Ave.

15 Filed OCT 11 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 10 1928 19

17

I HEREBY CERTIFY, That I attended deceased from April 2 — 1921 to October 10 1928, that I last saw h im alive on October 9 — 1928, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) yrs. Unknown, mos ds.

CONTRIBUTORY (Secondary) Organic heart disease

(duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Riland., M. D.

10-10, 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL OCT 13 1928 19

20 UNDERTAKER: Geo N Little — ADDRESS

2-29-28—L. F. S.—500 Bks.

E 38210 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38210

CERTIFICATE OF DEATH

PLACE OF DEATH Union Memorial Hosp REGISTERED NO. 12-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 33d & Colvert ST.) 12 WARD)

FULL NAME William Clarence Worden

) RESIDENCE NO. 13 S. Lorraine Ave ST., Dosey WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced
RUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) April 19, 1928 ?

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	5½ 5	21	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Joseph Worden

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Lillian Hodges

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Mother

(Address)

Filed C. HAMPSON JONES, M. D. 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct. 10, 1928, that I last saw him alive on October 10, 1928 and that death occurred, on the date stated above, at 10 45 A.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Entero-Colitis

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace Swan Selder M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct. 12 1928

20 UNDERTAKER John G. Connelly

ADDRESS Essex

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 38211 — 47 — E 38211

PLACE OF DEATH

REGISTERED NO. 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 1807 Edmondson Ave. (St.) 19 (WARD)

FULL NAME Marie Agnes Leeson

) RESIDENCE NO. 1807 Edmondson Ave. St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

h of residence in city or town where death occurred Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Jan. 31, 1878

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	50	8	11	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) — at home

(c) Name of employer —

IRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Thomas M. Horpen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brelto, Md

12 MAIDEN NAME OF MOTHER Laura Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs Clara Horpen

(Address) 1807 Edmondson Ave

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928 to Oct. 11, 1928

that I last saw her alive on October 10, 1928

and that death occurred, on the date stated above, at 2:00 a. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis of chest and abdominal lymphs metastasized from breast

(duration) one yr. 5 mos. ds.

CONTRIBUTORY (Secondary) Cancer of Breast

(duration) — yrs. one mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? yes Date of July 16, 1928

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory findings

(Signed) Maurice L. Shannon, M. D.

9/11, 1928 (Address) 3300 N. Boulevard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 12 1928
20 UNDERTAKER George Smith	ADDRESS 153 Hollins

c.—1-10-21—M&T—1500 Bks.

E 38212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38212

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH Edgewood San

CITY OF BALTIMORE: (No. 6000 Bellona ave ST. 14-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Lana Knott. Tucker-

(a) RESIDENCE No. 1615 W Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick

14 Informant: Louis L. Thompson

(Address) 15 Rosewood Ave Catonsville

15 Filed 1 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-1 1928 to Oct 11 1928

that I last saw h alive on Oct 10 1928

and that death occurred, on the date stated above, at 7 25 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Haas, M. D.

10-11-1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation at Loudon Park

DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: George L. Smith

ADDRESS: 53 E Hoffman

4-12-23—M&T—500 Bks.

E 38213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38213

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOS[illegible] REGISTERED NO. 7637 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Harry O. Coulson

(a) RESIDENCE No. None given ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 57 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto —

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): BALTIMORE CITY HOS[illegible] UNIVERSITY OF MARYLAND

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D. Commissioner of Health

2803

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-18, 1924, to 10-7, 1928, that I last saw him alive on 10-7, 1928, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

myocardial insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis, Hypertension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Amputation of thigh in 1923 Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. H. Welch, M. D.

, 19 (Address) BALTIMORE CITY HOS[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible]

DATE OF BURIAL: OCT 11 1928

20 UNDERTAKER

ADDRESS

Dec.-7-17-26—A Co.—200 Bks.

E 38214

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-0030

E 38214

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 1565 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hare

(a) RESIDENCE NO. 1406 Oakfield Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 10-8-28

7 AGE — Years — Months — Days — IF LESS than 1 day ... hrs. or 2 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER Bertram Hare

11 BIRTHPLACE OF FATHER (City or town) Balto, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Stoner

13 BIRTHPLACE OF MOTHER (city or town) Frederick County, Md.

(State or country)

14 Informant (Address) Hospital records

15 Filed 1928 By C. HAMPSON JONES, M. D. Registrar

2864

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 10-8-28

17 I HEREBY CERTIFY, That I attended deceased from 10-8-28, 19 ... to 10-8-28, 19 ...

that I last saw him alive on 10-8-28, 19 ...

and that death occurred, on the date stated above, at 9:37 p m.

The CAUSE OF DEATH* was as follows:

Baby was born & breathed only a few breaths; stenosis of esophagus & malformation of left lung

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) Prolonged Labor - Premature. 8 lbs

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jno. C. Hampson Jones M.D.

10/29 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER: Undertaker for Wm F. Woodall

ADDRESS

...r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38215

CERTIFICATE OF DEATH.

E 38215

1-PLACE OF DEATH

REGISTERED NO. 24-001

City of BALTIMORE: (No. West Balto Gen. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Whittington

(a) RESIDENCE NO. 1209 Madison Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Whittington

6 DATE OF BIRTH (month, day, and year): 1896 - Jan 11 -

7 AGE: Years 32 Months 3 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Jas Whittington

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Harriett Randall

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Jennie Whittington

(Address) 1209 Madison Ave

15 Filed ..... 19..... Registrar

1928 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Inquest or autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Oct 10th 1928 (Attended) F. C. Link M. D. (Coroner) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Blue Hill Maine.

Former or usual residence .....

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 10/13/1928

UNDERTAKER: George A. Lebherz — ADDRESS: 1735 Div

Filed

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38216

CERTIFICATE OF DEATH.

11-20 90 E 38216

1-PLACE OF DEATH

City of BALTIMORE: (No. 3530 Edmondson Ave Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Banko.

(a) RESIDENCE NO. 3530 Edmondson Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robt B. Banko

6b DATE OF BIRTH (month, day, and year): Apl 7 1857

7 AGE: Years 71 Months 7 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Pennington

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Robt B. Banko

(Address): 3530 Edmondson Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Oct 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. C. Linthicum M. D.

(Corner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Oct 23 19 28

20 UNDERTAKER: Robt L. Cook ADDRESS

2-29-28—L. F. S.—500 Bks.

38217 HEALTH DEPARTMENT—CITY OF BALTIMORE 38217

CERTIFICATE OF DEATH

31

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No. 1434 Decatur. ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Elizabeth Warfield.

RESIDENCE NO. 1434 Decatur ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 26 yrs. 11 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale.	White.	Married.

married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Warfield.

TE OF BIRTH (month, day, and year) Oct. 27, 1901.

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26,	11,	15.	12

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Loren Wilbur.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Susie Shreck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Benjamin Warfield, (Husband)

(Address) 1434 Decatur St.

Filed C. HAMPSON JONES, M. D. 19 1928 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928 to Oct 9, 1928

that I last saw h alive on Oct 8, 1928

and that death occurred on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows: Cardiac dilatation

CONTRIBUTORY (Secondary) Pneumonia Chronic (duration) yrs. mos. 10 ds.

Ulcers (duration) yrs. 2 mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General

(Signed) C. H. Jones M. D.

10/10/28 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Oct 12 1928
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fayette

1-12-29—M&T—500 Bks.

38213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38213

CERTIFICATE OF DEATH.

118702

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 825 Lemmon ST. (or AVE.) 1624 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Robinson

(a) RESIDENCE NO. 825 Lemmon ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Robinson

7 DATE OF BIRTH (month, day, and year): 1/30/1875

8 AGE: Years 53 Months 9 Days 9 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 040

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Portsmouth, Va

10 NAME OF FATHER: Archie Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth, Va.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Hoedan Robinson

(Address): 825 Lemmon St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per BSH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/9/1928

17 I HEREBY CERTIFY, That I attended deceased from 10/7/ 1928 to 10/9/ 1928, that I last saw ~~him~~ alive on 10/9/ 1928 and that death occurred, on the date stated above, at 9.5A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nutritional Obstruction, + Gangrene (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical History

(Signed) H. H. Bishop M. D.

(Address) 709 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 10/12/28

20 UNDERTAKER: John H. Tredwell

ADDRESS 1027 Sandtel

-29-28—L. F. S.—500 Bks.

E 38219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002

E 38219

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No.) 4821 Keswick Road ST., Roland Park WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Anna Margaret Evitt

RESIDENCE NO. 4821 Keswick Rd. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: female white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

married, widowed, or divorced HUSBAND of (or) WIFE of: John Evitt

TE OF BIRTH (month, day, and year): Jan 28 1840

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	12	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Bucks Co Penna

10 NAME OF FATHER: Samuel Gerhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Elizabeth Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

Informant: Harry G. Evitt

(Address) 4803 Keswick Rd

Filed C. HAMPSON JONES, M. D. 19 1928

For ARA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 10 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Oct - 10, 1928, that I last saw h[illegible] alive on Oct - 9 - 1928 and that death occurred, on the date stated above, at 12-30 a m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis
Coma following short attack
of Acute Enteric Colitis with resulting
inability to nourish

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Enteric Colitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By symptoms only

(Signed) M. J. Dolan, M. D.

10/11 1928 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 12 1928

20 UNDERTAKER: Chas. G. Black ADDRESS: 742 W. North Ave

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38220 E 38220

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ty of BALTIMORE: (No. 201 S. Gilmore St. 14-28 Ward)

2-FULL NAME Mary A. Blamy

(a) RESIDENCE NO. 201 S Gilmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M. Blamy

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Gallagher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McGann

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Chas. M. Blamy

(Address)

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11-1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooke M. D.

(Coroner)

10-4, 1928 (Address) 3601 Third St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — Date of Burial 10/13 1928

20 UNDERTAKER Harry E. Witzke — ADDRESS 53 N. Lombard St.

1-10-21 M&T 1500 Blks.

38221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 38221

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 W. Lombard ST. 18-29 WARD)

2-FULL NAME Mildred Tourtloff

(a) RESIDENCE NO. 909 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Charles Louis Tourtloff

DATE OF BIRTH (month, day, and year): April 22nd, 1903

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	25	5	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frederick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Clara Rudolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Father

(Address)

15 Filed ..... 19 1928 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 7th, 1928, to Oct 9th, 1928,

that I last saw her alive on Oct. 9th, 1928,

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex A Weinstock, M. D.

10/10/ 1928 (Address) 733 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 10/13/28

20 UNDERTAKER: Harry A Witzke — ADDRESS: 1531 W Lombard

...—1-10-21—M&T—1500 Bks.

38222

HEALTH DEPARTMENT—CITY OF BALTIMORE

38222

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balt. Gen Hosp. ST. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Herbert Brack.

(a) RESIDENCE NO. 1034 W. Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 25, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 Mos.	17	

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — 0 0

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Raymond Easor Brack.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Bushong

13 BIRTHPLACE OF MOTHER (city or town) Economy
(State or country) Pennsylvania

14 Informant Father. Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1928, to Oct 9, 1928.

that I last saw h/is alive on October 9, 1928,

and that death occurred, on the date stated above, at 10:10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Primitive fever

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Peter McAuley M.D.

10/9 1928 (Address) St Bal Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL 10/12 1928

20 UNDERTAKER Harry F. Wittle — ADDRESS 153 N. Howard St.

RRH

-29-28—L. F. S.—500 Bks.

38223 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38223

CERTIFICATE OF DEATH + 32

-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ST., 7-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Robert Stevens

) RESIDENCE NO. Chesterton, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
le	White	Baby

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Nov. 22/27

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Ind

(c) Name of employer

IRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Ray Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed, 19

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11-1928

17

I HEREBY CERTIFY, That I attended deceased from October 4, 1928, to October 11, 1928, that I last saw h alive on October 11, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Disseminated Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Godwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterton Md DATE OF BURIAL 10/11/28

20 UNDERTAKER Joseph Adrian ADDRESS 221 Bway

12-23—M&T—500 Bks.

E 38224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38224

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST., 43-52 WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Frost

(a) RESIDENCE NO. Home for Incurables WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Frost

DATE OF BIRTH (month, day, and year): Mar. 24 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
Sixty-eight	68	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James D. Maulsby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dundoor Md.

12 MAIDEN NAME OF MOTHER: Margaret Pruett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alexandria Va.

14 Informant: Bettie L. Boyles (Address) 4656 Kenwood Ave

15 Filed 2 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to Oct 9, 1928, that I last saw her alive on Oct. 9, 1928, and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis over 1 yr. mos ds. (duration)

CONTRIBUTORY (Secondary) Chr. cystitis and incontinence (duration) yrs. 10 mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Exam

(Signed) W. W. Mayo, M. D.

Oct. 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 11 1928

20 UNDERTAKER: H. Dreier & Sons — ADDRESS: Norfolk

-29-28—L. F. S.—500 Bks.

38225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 38225

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No. 311 S. Poppleton ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME David Aliff

RESIDENCE NO. 311 S. Poppleton ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

h of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Aliff

TE OF BIRTH (month, day, and year) July 4. 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	4	

CUPATION OF DECEASED

) Trade, profession or articular kind of work Moulder

) General nature of industry, siness, or establishment in hich employed (or employer) 607

) Name of employer Unknown

RTHPLACE (city or town) State or country) Va

10 NAME OF FATHER James Aliff

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

Informant Lula Aliff

(Address) 311 S. Poppleton St

C. HAMPSON JONES, M. D.

2 1928 ....., 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Oct 8, 1928, that I last saw h alive on Oct 8, 1928 and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Dan Compton, M. D.

1, 19 28 (Address) 517 Scott

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 10 12 1928

20 UNDERTAKER W. H. Cook

ADDRESS 502 E. North Ave

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38226 — 31 — E 38226

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... ST. 5-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Margaret Carrington

RESIDENCE NO. 2132 N. Ellwing ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

...h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...male	Colored	Child

married, widowed, or divorced
HUSBAND of
(or) WIFE of

...TE OF BIRTH (month, day, and year)

...E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1/2	1916.	-	-	

...CUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

...IRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Willie Carrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie Randolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ... C. HAMPSON JONES, M. D. Registrar

1928 By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6-1928

17 I HEREBY CERTIFY, That I attended deceased from September 24, 1928, to October 6, 1928, that I last saw h... alive on October 6, 1928, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, Acute

(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Fibr. Peritonitis, Intestinal Tuberculosis

(duration) yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) G. C. Loadgman, M. D.

10/6, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbury Evergreen — DATE OF BURIAL Oct. 1[illegible] 1928

20 UNDERTAKER Wendell J. Deppel — ADDRESS 200 S. Conk[illegible]

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38227 ✓ E 38227

CERTIFICATE OF DEATH

46

PLACE OF DEATH

OF BALTIMORE: (No. 920 Bennett Place ST. 15-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Antonia Bethke

RESIDENCE NO. 920 Bennett Place ST., WARD
(Usual place of abode)

h of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Bethke

TE OF BIRTH (month, day, and year) Aug. 19-1857

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	12	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work at home

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Charles Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Charlotte Schlenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Henrietta Rosenthal

(Address) 920 Bennett Place

Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 30 . 1928 . to Oct 11 . 1928 that I last saw h alive on Oct 11 . 1928 and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis -
(Carcinoma of uterus)

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) cardio-sclerosis -

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam —

(Signed) Louis F. Krumeich, M. D.

. 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western cem.

DATE OF BURIAL Oct. 13 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager St

1-12-23—M&T—500 Blks.

38228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38228

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 21-24 ST. WARD)

2-FULL NAME Mottie Richards (Peacock)

(a) RESIDENCE No. 850 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid

If married, widowed, or divorced HUSBAND of or) WIFE of: not given

DATE OF BIRTH (month, day, and year): Jan 29-1860

AGE: 68 Years; Months: 8; Days: 11; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Robert Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Eliza

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 10-9, 1928, that I last saw h[illegible] alive on 10-9, 1928, and that death occurred, on the date stated above, at 11:00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
Emphysema of Lungs

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Enterocolitis, [illegible]

[illegible] fibroid (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct. 13 1928

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1737 E. Eager St.

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38229

CERTIFICATE OF DEATH.

14 E 01 38229

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospt. St. 11-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lennie Stewart

(a) RESIDENCE NO. 1202 Park ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years: about 50 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Julia Richardson 1202 Park ave

15 Filed: 12 1928 C. HAMPSON JONES, M. D. Registrar

Per

very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Oct 8 (Signed) G. C. Hazard M. D.

11 20 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial Oct 12 1928

20 UNDERTAKER: Mrs. A. Elliott ADDRESS: Eastland

-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38230 E 38230

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

OF BALTIMORE: (No. ST. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Mary French

RESIDENCE NO. Lock Raven Md ST., WARD Lock Raven Md
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos 18 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin French

TE OF BIRTH (month, day, and year) 1888

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

CUPATION OF DECEASED

a) Trade, profession or particular kind of work W W

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER James A Mayo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cossey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records
(Address)

Filed , 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-10-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-26, 1928, to Oct-10, 1928 that I last saw her alive on Oct-10, 1928 and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver

(duration) 2 0 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. C. Geschickter, M. D.

10/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest Cem	Oct 13 1928
20 UNDERTAKER	ADDRESS
Mrs. R.G. Elliott	1705 Ashland Ave

C. HAMPSON JONES, M. D.

-29-28—L. F. S.—500 Bks.

38231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38231

-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2244 Washington Boul ST. 25-17 WARD

-FULL NAME George Henry Gellerman

) RESIDENCE NO. 2244 Washington Boulevard ST.

(Usual place of abode) WARD

h of residence in city or town where death occurred 69 yrs. 4 mos. 29 ds. How long in U. S., if foreign birth? - yrs. - mos. - ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
e	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Cecelia Rogan

TE OF BIRTH (month, day, and year) May 12, 1859

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	29	

CCUPATION OF DECEASED

a) Trade, profession or articular kind of work

b) General nature of industry, usiness, or establishment in hich employed (or employer) General Merchandise

c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Christopher Gellerman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth -----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Miss Julia Gellerman

(Address) 2244 Washington Boulevard

Filed ....., 19 .....

C. HAMPSON JONES, M. D.

2 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8-25, 19-, to 10-10, 1928.

that I last saw h- alive on 10-8, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis multi.
Hypertension, Chronic Myo
Cardiac.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Alma B Gellerman, M. D.

, 19 (Address) 412 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	10/13 19 28
20 UNDERTAKER Henry W Mears & Son	ADDRESS 805 N Calvert

1-12-23—M&T—500 Blks.

38232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Mad. Ave. Street) (13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Smith

(a) RESIDENCE No. 2109 Mad. Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Williams Smith

DATE OF BIRTH (month, day, and year): 1870

AGE: Years 78 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Wilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nat Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Dominick B. Cook

(Address) 2107 Mad. Ave

15 Filed 1928 . 19 OCT 11 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/10/28

17 I HEREBY CERTIFY, That I attended deceased from 9/24/28 to 10/10/28, that I last saw her alive on 10/9/28, and that death occurred, on the date stated above, at 6:45 p.m.

The CAUSE OF DEATH* was as follows:

Bright's disease

Chronic nephritis

Arteriosclerosis

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary): None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. [illegible] M. D.

(Address) 224 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 10/12/28

UNDERTAKER: Samuel H. Hemsley

ADDRESS: 928 McCulloh

c- 12-23-21—E.B.R.S.—400 Blks.

E 38233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38233

1-PLACE OF DEATH

City of BALTIMORE: (No.) 713 Woodbourne ave St., 27-48 (Ward) 129

Registered No.

2-FULL NAME George Edwin England

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 713 Woodbourne ave St.,... Ward...

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city and State)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.): Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year): May 25 1868

8-AGE. 60 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or... min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Builder

(c) Name of employer: Mrs Hicks Sons

9-BIRTHPLACE (city or town) (State or Country): Forest Hill Maryland

PARENTS.

10-NAME OF FATHER: James England

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Edmonson Maryland

12-MAIDEN NAME OF MOTHER: Hannah England

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Edmonson Maryland

14- (Informant) Russell Hicks

(Address) 713 Woodbourne ave

15- Filed 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 11 1928

17- I HEREBY CERTIFY, That I attended deceased from June 6 1927 to Oct 11 1928 that I last saw ~~him~~ alive on Oct 1 1928 and that death occurred, on the date stated above, at 6.15 A. M.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

Chr. Myocarditis - Mitral & Aortic

Suffering Chronic Nephritis -

Oedema (Duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Obliterans

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) D W Bishop M D

Oct 11, 1928 (Address) 501 Shenandoah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 13 1928

20-UNDERTAKER: Jno B Spence — ADDRESS: 1825 N Caroline St

c.—1-10-21—M&T—1500 Blks.

38234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38234

1-PLACE OF DEATH Sinai Hosp. 4-9

TY OF BALTIMORE: (NO. 20-27 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie Barder

(a) RESIDENCE NO. 1912 E. Fairmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Barder

DATE OF BIRTH (month, day, and year): 1878

AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs or min.

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E Baltimore St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/17/1928

17 I HEREBY CERTIFY, That I attended deceased from 10/1/1928, to 10/17/28, that I last saw h. alive on 10/17/1928, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder (Primary)

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) S. A. Linde M. D.

10/17/1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dehrer Rosedale — DATE OF BURIAL: 10/19/1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balt

1-12-23—M&T—500 Blks.

38235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 13 E 38235

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Bond ST.) (7 WARD)

2-FULL NAME Earl Welthington

(a) RESIDENCE No. 428 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: c

5 Single, Married, Widowed, or Divorced. (write the word): s

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 9 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Joseph Welthington

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) Joseph Welthington 428 N. Bond St.

15 Filed ....., 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Oct 10, 1928, that I last saw him alive on Oct 10, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) acute Gastro Enteritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Calvin B. LeCompte, M. D.

, 19 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem. DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: Robert F. Williams ADDRESS: 1515 N. Eden

c.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38236

CERTIFICATE OF DEATH.

161 E 38236

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 3905 N. Milton Ave (ST.) 76-21 (WARD)

2-FULL NAME Robert C. Bedford Jr.

(a) RESIDENCE NO. 3905 N Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

DATE OF BIRTH (month, day, and year): Sept. 18/28

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Robt. Bedford

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER: Naomi Whitmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Robt. Bedford Sr.

(Address): 3905 N Milton Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/12/1928

17 I HEREBY CERTIFY, That I attended deceased from 10/11/, 1928, to 10/12/, 1928,

that I last saw him alive on 10/12/, 1928,

and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Intracranial procedure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Turner Melton, M. D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: Geo M. Frick & Son — ADDRESS: 811 N Howard

1-12-23—M&T—500 Blks.

38237

HEALTH DEPARTMENT—CITY OF BALTIMORE

38237

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 312 N. Mount ST. (WARD) 19-27 101

2-FULL NAME Chas. H. Bush

(a) RESIDENCE NO. 312 N. Mount ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

DATE OF BIRTH (month, day, and year): Sept 1, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	1	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: B. O. R. R.

BIRTHPLACE (city or town) (State or country): Spring garden N C

PARENTS

10 NAME OF FATHER: Geo Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country): French N C

12 MAIDEN NAME OF MOTHER: Annie Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Spring garden N C

14 Informant: Annie Bush
(Address) 312 N Mount St

15 Filed ..... 19 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 10, 1928, that I last saw h[illegible] alive on Oct 10, 1928 and that death occurred, on the date stated above, at 10.30 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Metastatic Abscess

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H B Hughes, M. D.

19 (Address) 1413 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rocky point N.C. DATE OF BURIAL: Oct 13 1928

20 UNDERTAKER: Joseph A Lively ADDRESS: 409 N Mount

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38238 — 113 E 38238

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Linwood Gruver

) RESIDENCE NO. 1623 N Chapel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 9/5/28

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	5	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER John Gruver

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Irene Lowen

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Records

(Address)

Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-12-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct-7, 1928, to Oct-10, 1928,

that I last saw h.. alive on Oct-10, 1928

and that death occurred, on the date stated above, at 1 30 p m.

The CAUSE OF DEATH* was as follows:

Enteroco litis

(duration) 3 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) F. C. Goodwin, M. D.

10/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Oct. 12. 1928

20 UNDERTAKER: Geo. L. Ruth — ADDRESS: 1735 Harford Av

2-29-28—L. F. S.—500 Bks.

38239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 38239

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 2050 E Hoffman ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Leona V. Haven

) RESIDENCE NO. 2050 E Hoffman ST., WARD
(Usual place of abode)

th of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of John J Haven

TE OF BIRTH (month, day, and year) 1/27 1898

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	12	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Wm Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary J

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant John J Haven

(Address) 2050 E Hoffman

C. HAMPSON JONES, M. D

Filed ..... 19 .....

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9/28

17

I HEREBY CERTIFY, That I attended deceased from Aug- 1927 to Oct. 9 1928

that I last saw her alive on Oct. 8 1928

and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? N

What test confirmed diagnosis? Microscopical & Xray

(Signed) C. W. Bowry, M. D.

, 19 (Address) 1817 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct. 13 1928
20 UNDERTAKER	ADDRESS
George F. Rudd	1735 Harford Ave

1-12-23—M&T—500 Bks.

E 38240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 11 E. Fort Ave (St.) 73-24 (Ward) 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia L. Snyder

(a) RESIDENCE NO. 11 E. Fort Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Snyder

DATE OF BIRTH (month, day, and year): Oct. 21, 1892

AGE: Years 36 | Months 11 | Days 20 | If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm A. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country): York, Pa

12 MAIDEN NAME OF MOTHER: Mary Dugan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Texas, Md

14 Informant: Peter Snyder

(Address) 11 E. Fort ave.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1928 to Oct 4 1928

that I last saw h alive on Oct 4 1928

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Indigestion (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. Campbell M. D.

Oct 10. 1928 Address 644 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral County

DATE OF BURIAL: Oct 13 1928

20 UNDERTAKER: George L. Ruth

ADDRESS: 1735 Harford ave

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38241

CERTIFICATE OF DEATH

77E 38241

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH Balto City Hospts

Y OF BALTIMORE: (No. 1 Balto Mid ST. WARD)

-FULL NAME Bernard Cymek

(a) RESIDENCE No. 436 N. Caroline ST. WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

f married, widowed, or divorced
HUSBAND of
or) WIFE of

ATE OF BIRTH (month, day, and year) Unk

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer O.W.O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospts (Address) Balto Md.

15 Filed 10-8-1928 C. HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-15, 1927, to 10-3, 1928

that I last saw him alive on 10-3, 1928

and that death occurred, on the date stated above, at 2.21 P. m.

The CAUSE OF DEATH* was as follows:

Starvation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Manic Depressive Psychosis Depressed Phase

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Typical Findings

(Signed) Harry Feldman M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Oct 13 1928

20 UNDERTAKER H. W. Ozazeyer

ADDRESS 1980 Fortuna Av

c.—1-10-21—M&T—1500 Bks.

E 38242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38242

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2102 Edmondson Ave (WARD) 5 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulia R. Legg

(a) RESIDENCE No. 2102 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: L. Frank Legg

DATE OF BIRTH (month, day, and year): Dec. 3. 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
73		7	1.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Lus C. Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rebecca Abbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 12, 1928,

that I last saw her alive on Oct 12, 1928,

and that death occurred, on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis & Chronic Nephritis

(duration) Mo. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry O. Tyler, M. D.

19 28 (Address) 1600 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Agnes T. Armstrong 2102 Edmondson

15 Filed Oct 13 1928 C. HAMPSON JONES, Registrar

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Stevensville Md

17 UNDERTAKER: John C. Mitchell

DATE OF BURIAL: Oct 13 1928

ADDRESS: E. Place

...—1-10-21—M&T—1500 Bks.

38243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 38243

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Calhoun & Fayette ST. (WARD) 4-27

2-FULL NAME Louis Rankin

(a) RESIDENCE NO. 1505 W. Lexington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Rankins

DATE OF BIRTH (month, day, and year) May 9 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29		5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brown Summitt N. C.

PARENTS

10 NAME OF FATHER Richard Rankins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Leath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Rose Elmer

(Address) 401 Wilberger St. N.W. Wash. D.C.

15 Filed OCT 19 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 23 1928 to Oct 9 1928.

that I last saw h alive on Oct 9 1928

and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Lyo-Pneumo-Thorax

Left Side

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/28/28

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam & X Ray

(Signed) Wm. C. Polaine, M. D.

Oct 10. 1928 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brown Summit, N. C.

DATE OF BURIAL Oct. 13 1928

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 E. Lafayette Ave

1-12-23—M&T—500 Bks.

Rosalie Airey

HEALTH DEPARTMENT—CITY OF BALTIMORE

38244

CERTIFICATE OF DEATH.

E 38244

78

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

Y OF BALTIMORE: (No. Bon Air Ct. ST., 20-12 WARD)

-FULL NAME Rosalie Airey

(a) RESIDENCE NO. 2665 Wilkens ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 1/20/02

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Samuel Airey

11 BIRTHPLACE OF FATHER (city or town) Balt. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda M. Liefild

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md.
(State or country)

PARENTS

14 Informant Samuel N. Airey
(Address) 2665 Wilkens Ave

15 Filed OCT 9 1923 E. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11 1923

17 I HEREBY CERTIFY, That I attended deceased from 10/8/23, 1923, to 10/11, 1923.

that I last saw her alive on 10/11, 1923

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

Contributory yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) W. Ed. Hurd, M. D.

, 19 (Address) Bon Air Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 10/13 1923

20 UNDERTAKER Wm. Cook

ADDRESS 507 E. North Ave

Rec.-7-17-26.-A Co.—200,Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38245

CERTIFICATE OF DEATH

E 38245

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Maryland Ave Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret C. Laeng

(a) RESIDENCE NO. 2824 Guilford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: L. J. Laeng

6 DATE OF BIRTH (month, day, and year): July 14 1876

7 AGE: Years 52 Months 2 Days 27

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in whirh employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Wm H. Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eliz. Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant: Hospital Records

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1928 19

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Oct 12, 1928, to Oct 11, 1928, that I last saw her alive on Oct 11, 1928, and that death occurred, on the date stated above, at 2:35 P m.

The CAUSE OF DEATH* was as follows:

Umbilical Hernia

Approx- (duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home-

Did an operation precede death? yes Date of Sept 25-

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Operative

(Signed) H. A. Johnson, M. D.

19 (Address) Mt Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge Cemetery — Date of Burial: Oct 13 1928

20 UNDERTAKER: Jas Jacobs & Son — ADDRESS: 217 S Bro

OCT 13 1928

1-12-23—M&T—500 Blks.

38246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38246

CERTIFICATE OF DEATH

1-PLACE OF DEATH West Baltimore General REGISTERED NO. 57

CITY OF BALTIMORE: (No. 77-56 ST. WARD)

2-FULL NAME Mrs. Mollie Clarke

(a) RESIDENCE No. 5004 Denmore Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George W. Clarke

6 DATE OF BIRTH (month, day, and year) July 22 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	81	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore County.

PARENTS

10 NAME OF FATHER John Buchheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Mollie Weitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Mr. Geo. W. Clarke

(Address) 5004 Denmore Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1928, to Oct. 10, 1928.

that I last saw h[illegible] alive on Oct. 10, 1928

and that death occurred, on the date stated above, at 11:40 A. M.

The CAUSE OF DEATH* was as follows:

(a) Coronary failure

45 min (duration)

(b) Diabetes Mellitus yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile (duration) 69 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M. Greenbaum M. D.

10/10/1928 (Address) 46, 3 East Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: Oct 12 1928

20 UNDERTAKER: Jos Joerden & Son — ADDRESS: 217 S. Bond

-29-28—L. F. S.—500 Bks.

Mallonee

HEALTH DEPARTMENT—CITY OF BALTIMORE

38247

CERTIFICATE OF DEATH

90

E 38247

PLACE OF DEATH

REGISTERED NO.

OF BALTIMORE: (No. 4637 Reisterstown Rd. ST., 27-B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Mabel Maynard Mallonee

RESIDENCE NO. 4637 Reisterstown Rd. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Frank Mallonee

TE OF BIRTH (month, day, and year) Aug. 22, 1890

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	19	

CUPATION OF DECEASED

a) Trade, profession or
rticular kind of work None

b) General nature of industry,
usiness, or establishment in
hich employed (or employer)

c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Peter George Arnold

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eleanore Hayward

13 BIRTHPLACE OF MOTHER (city or town) Salisbury
(State or country) Maryland

Informant Mrs. J. Frank Mallonee

(Address) 4637 Reisterstown Road

Filed Oct 13 1928 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Oct. 11, 1928, that I last saw her alive on Oct. 10, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Mitral regurgitation

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Endocarditis since childhood

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James B. Kitchmet, M. D.

10-11, 1928 (Address) 4012 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	Oct. 13 19 28
20 UNDERTAKER Harold Cook	ADDRESS

c.—1-10-21—M&T—1500 Bks.

E 38248 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38248

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO. 25-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) Cherry Hill St., WARD)

2-FULL NAME Ella May Gleason

(a) RESIDENCE NO. Cherry Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem. | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 6 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. Gleason

11 BIRTHPLACE OF FATHER (city or town) Fairfield (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town) Hillsboro (State or country) Md.

14 Informant Thos. Gleason

(Address) Cherry Hill

15 Filed Oct 13 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Oct 11, 1928, that I last saw her alive on Oct 9, 1928, and that death occurred, on the date stated above, at 10 AM hr.

The CAUSE OF DEATH* was as follows:

Acute Anemia

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Uterine Fibroid

(duration) yrs mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Hampson Jones, M. D.

(Address) 1 E Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery | DATE OF BURIAL Oct. 13 1928

20 UNDERTAKER George L. Schwartz | ADDRESS 201 Park Ave.

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38249

CERTIFICATE OF DEATH.

129 E 38249

REGISTERED NO.

1-PLACE OF DEATH

ty of BALTIMORE: (No. St. Joseph Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donato Denisio

(a) RESIDENCE NO. 812 Stil es St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of armella Denisio

6 DATE OF BIRTH (month, day, and year) Feb 9, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Alfonso Denisio

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Frances Fraiule

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Wife

(Address)

15 Filed OCT 13 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia - Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

(Signed) J. H. Jones M. D.
(Coroner)

10-12-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Oct 13 1928

20 UNDERTAKER Frank V. Pikerton ADDRESS 2518 E 13 Baltimore

ec.—1-10-21—M&T—1500 Bks.

E 38250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901 E 38250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Vincent Aiello.

(a) RESIDENCE NO. 3703 Clarmont St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 19, 1928

7 AGE: Years — Months 2 — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter M. Aiello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Johanna Trotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Peter M. Aiello

(Address) 3703 Clarmont st

15 Filed OCT 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11/28. 19

17 I HEREBY CERTIFY, That I attended deceased from 10/10/28. 19 to 10/11/28. 19, that I last saw him alive on 10/11/28. 19, and that death occurred, on the date stated above, at 1.55 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Irving J. Fittman, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 13 1928

20 UNDERTAKER Frank V. Pepetone

ADDRESS 2515 E. Baltimore

c.—12-9-25—A.C.—200 Blks.

3251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38251

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2538 Calverton Heights Ave. 10 b 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Vannaman Dietrich

(a) RESIDENCE NO. 2538 Calverton Heights Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

a If married, widowed, or divorced (or) WIFE of Robert L. Dietrich

7 DATE OF BIRTH (month, day, and year) Nov-27-1895.

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	32	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Caroline Co.

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Howard P. Jones

11 BIRTHPLACE OF FATHER (city or town) Sussex Co.

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary V. Bowdle

13 BIRTHPLACE OF MOTHER (city or town) Caroline Co.

(State or country) Maryland.

14 Informant Ruth Schnepfenger

(Address) 2538 Calverton Heights Ave.

15 Filed OCT 12 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct - 11 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to October 11, 1928, that I last saw her alive on October 10, 1928, and that death occurred, on the date stated above, at 9:45 a. m.

The CAUSE OF DEATH* was as follows:

Hemmorhages from Stomach (Ulcers) + intestines

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Ulcers of Stomach + intestine (duration) — yrs. 5 mos. — ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs + Symptoms.

(Signed) Chester Riland, M. D.

10-11-1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Date of Burial 10/13 1928

20 UNDERTAKER W. M. Cook ADDRESS 502 E North Ave

1-12-23—M&T—500 Bks.

38252 ✓ E 38252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 WARD 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur B. Glenn

(a) RESIDENCE No. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unk

DATE OF BIRTH (month, day, and year): July 9, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Benjamin Glenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ruth Waggoner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mt Hope Friends

(Address): Mt Hope Retreat

15 Filed OCT 13 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to Oct 12, 1928, that I last saw him alive on Oct 11, 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: General Paralysis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Dell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

20 UNDERTAKER: W. M. Cook

DATE OF BURIAL: 10/15 1928

ADDRESS: 507 Eutaw St

c.—1-10-21—M&T—1500 Blks.

38253

✓ E 38253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter J. Meehan

(a) RESIDENCE NO. 1405 N. Gay st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L Meehan

DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Meehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Walter J Meehan (Address) 2107 E Gay St

15 Filed OCT 13 1928 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11/28 19

17

I HEREBY CERTIFY, That I attended deceased from 10/1/28 , 19 , to 10/11/28 , 19 ,

that I last saw him alive on 10/11/28 , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) ... M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL 10/15 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Wash St

6-2-[illegible] 1000 Bks.

E 38254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3813 Fairfax St. (Ward) 26-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Getz

(a) RESIDENCE. (Usual place of abode) No. 3813 Fairfax St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced (HUSBAND) (or) WIFE of: John A. Getz

DATE OF BIRTH (month, day, and year): Sept 6, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Weininger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Zeipler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jos. A. Getz

(Address) 3813 Fairfax Ave.

15 Filed OCT 13 1928 C. HAMPSON JONES, M.D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 to Oct 12 1928

that I last saw h[illegible] alive on Oct 11 1928

and that death occurred, on the date stated above, at 5.25 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yr. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. L. Gerhard M. D.

(Address) 5201 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Oct. 15 1928

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St

2-29-28 L. F. S.—500 Bks.

38255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38255

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2528 N. Henry ST. (WARD)

2—FULL NAME Geo. L. Schmidt

3) RESIDENCE NO. 2528 N. Henry ST., 2nd WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wilhelmina F. Schmidt

6 DATE OF BIRTH (month, day, and year): May 25th 1879

7 AGE: Years 49 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: [redacted]

(b) General nature of industry, business, or establishment in which employed (or employer): Bricklayer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

10 NAME OF FATHER: Geo. L. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schumann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wilhelmina F. Schmidt

(Address) 2528 N. Henry St.

15 Filed OCT 13 1928, 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11th 28

17 I HEREBY CERTIFY, That I attended deceased from Mar, 19 28, to 11 Oct, 19 28

that I last saw h~~im~~ alive on 11 Oct 6 45 19 28

and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma
(Uterus)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Carcinomatosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pathological Spec.

(Signed) Z Vanneutop M. D.

10 Oct 1928 (Address) 2026 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: F. B. Wisheart — ADDRESS: 1850 N. Eutaw St

2-29-28—L. F. S.—500 Bks.

38256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38256

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Beaumont Avenue ST., 27-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nathan P. Frame

3) RESIDENCE NO. 909 Beaumont Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs.— mos.— ds. How long in U. S., If foreign birth? — yrs.— mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Eva J. Preston

6 DATE OF BIRTH (month, day, and year) March 15, 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foundry Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Chester Pennsylvania

10 NAME OF FATHER Clinton Frame

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sarah Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Mrs. Eva J. Frame

(Address) 909 Beaumont Avenue

Filed OCT 13 1928, 19 C. HAMPSON JONES, M.D.

Per Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/28

17 I HEREBY CERTIFY, That I attended deceased from Oct- 28, 19 to Oct 12 28, 19

that I last saw he alive on Oct 12 28, 19

and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) 1 mos 27 dys

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Bladen, M. D.

19 (Address) 143 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	10/15 19 28
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 805 N. Calvert

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38257 ✓ 129 E 38257

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

ty of BALTIMORE: (No. 1109 N. Bond St. 8-13 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Spies

(a) RESIDENCE NO. 1109 N. Bond St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) January 16 1870

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coach Painter

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER L. W. Spies

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Hitzel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Lasetta Richards

(Address) 1109 N. Bond St.

Filed OCT 13 1928 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h18 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis-Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) J. S. Hoke M. D.

(Coroner)

10/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Oct 14 1928

20 UNDERTAKER Henry Lutz ADDRESS 1203 E. Broadway

—1-12-23—M&T—500 Blks.

E 38258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38258

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1012 Falls Rd. (St.) 13-57 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Buzzy

(a) RESIDENCE No. 1012 Falls Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse Buzzy

7 DATE OF BIRTH (month, day, and year): March 28 1835

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Henry Koontz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Lydia Herner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Mrs. Jennie Miller (Address) 1012 Falls Rd.

15 Filed OCT 13 1928, 19 C. HAMILTON JONES, M. D. Registrar

BY W. A. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Oct. 12, 1928, that I last saw HER alive on Oct. 5, 1928, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Changes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Smith, M. D.

(Address) 4037 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinsboro Md

DATE OF BURIAL: Oct 15 1928

UNDERTAKER: Dalton Bros

ADDRESS: 330 Paine St

r.—12-9-25—A Co.—200 Bks.

E 38259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38259

CERTIFICATE OF DEATH.

160

REGISTERED NO.

1-PLACE OF DEATH

ity of BALTIMORE: (No. Mercy Memorial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Elizabeth Robinson

(a) RESIDENCE NO. 72 Linger Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 12/1928.

AGE: Years 0. Months 4. Days 29. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltocity

(State or country) Md.

PARENTS

10 NAME OF FATHER Harry W. Robinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lambertville N.J.

12 MAIDEN NAME OF MOTHER Julia G. Sullivan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co. Md.

14 Informant Julia Robinson

(Address) 72 Linger Ave.

15 Filed OCT 12 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] Morrison M. D.

(Coroner)

10th, 1928 (Address) 3612 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden Date of Burial 10/13 1928

20 UNDERTAKER [illegible] ADDRESS 330 Cathedral St

Dec.—7-17-26—A Co.—200 Bks.

E 38260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38260

CERTIFICATE OF DEATH

57

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1923 Harlem Ave St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME T. Robert Remppp.

(a) RESIDENCE NO. 1923 Harlem ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the wnrd): Widown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Remppp

6 DATE OF BIRTH (month, day, and year): March 30 1853

7 AGE: Years 75 Months 6 Days 10

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wood Carver

(b) General nature of industry, business, or establishment in which employed (nr employer): Retired. 0/4

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (City or tnwn) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Mrs. W H Dribbess

(Address) 1923 Harlem ave

15 Filed OCT 13 1928 C. HAMPSON JONES, M. D. Registrar

By W Eder

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 11, 1928

that I last saw him alive nn Oct 10 1928.

and that death occurred, on the date stated above, at 6.40 A m.

The CAUSE OF DEATH* was as follows: Parenchymatous Nephritis and Diabetes

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duratinn) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W E Byers, M. D.

10/11 1928 (Address) 1406 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side fnr additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 10-13 1928

UNDERTAKER: Wm Chas A G Rohde — ADDRESS 2327 Edmondson Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 38261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38261

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No 3717 Belleau ave ST. 15-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D M Kaldenbach

(a) RESIDENCE. No. 3717 Belleau ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 30 88

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer Office

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John M K

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma C Gist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Margaret Hart

(Address) 3717 Belleau

15 Filed OCT 13 1928, C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 10, 1928, that I last saw h-m alive on Oct 10, 1928, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cert Cardiac Dilatation

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Georg H. Wisang, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 14 1928

UNDERTAKER: W M Poulson

ADDRESS: 2238 W Fay

c.—12-9-25—A Co.—200 Bks.

E 38262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38262

CERTIFICATE OF DEATH.

REGISTERED NO. 10640

1-PLACE OF DEATH

City of BALTIMORE: (No. 922 Penna. ave. St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Palmer Holmes

(a) RESIDENCE NO. 922 Penna. ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Holmes

7 DATE OF BIRTH (month, day, and year): 1883

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Mr. Samuel Rosen

9 BIRTHPLACE (city or town):

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Henry Holmes

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Susan Hudson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia

14 Informant: Edith Holmes

(Address): 922 Penna. ave.

15 Filed OCT 13 1928, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1928, to Oct 11, 1928, that I last saw him alive on Oct 11, 1928, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm. H. Watts, M. D.

, 19 (Address) 928 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va. Date of Burial: 10-13 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 Pa ave

r.—12-9-25—A Co.—200 Bks.

E 38263

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 38263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 W. Lafayette Ave Ward 26) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren White.

(a) RESIDENCE NO. 1011 W. Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28-1928

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	14	

8 OCCUPATION OF DECEASED

a (a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Elmer White

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Eva Brooks.

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Eva White

(Address) 1011 W. Lafayette

Filed OCT 13 1928 Per C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Signed Oct 13 1928 (Coroner) F. C. Luck M. D.

(Address) 50th & Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cremation Mt Auburn Cem Date of Burial 10-15-28

20 UNDERTAKER Daniel Easter ADDRESS 516 Cathedral

c.—8-24-14—M. & T.—2000 Bks.

38264 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38264

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

REGISTERED NO. C

ITY OF BALTIMORE: (No. 618 Aull ST.; 4-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Bertha Hulvorst.

Residence in Baltimore: No. 618 Aull St.

St.; 38 yrs., 10 mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

DATE OF BIRTH, Dec 13, 1879.
(Month) (Day) (Year)

AGE. 38 yrs. 10 mos. 12 da.

If LESS than 1 day, ...hrs. or....min.?

6-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

7-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Anthony Hubert

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Ida

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hulvorst.

(Address) 618 Aull St.

15-

Filed OCT 13 1928, 191... C. HAMPSON JONES, M. D. Registrar.

Per ... Assistant.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1928.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1927, to Oct. 8 1928, that I saw her alive on Oct. 8, 1928, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Louis Frenkel M. D.

10/11, 1928. (Address) 424 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus — DATE OF BURIAL, Oct. 15, 1928.

20-UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmt Av

1-12-23—M&T—500 Bks.

38265 HEALTH DEPARTMENT—CITY OF BALTIMORE 38265

CERTIFICATE OF DEATH.

91-200

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Mohawk ST. 28-46 WARD)

2-FULL NAME Mary Ellen Metcalfe

(a) RESIDENCE No. 3806 Mohawk ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Gibson W. Metcalfe

DATE OF BIRTH (month, day, and year): Jan 16 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Penna

10 NAME OF FATHER: George Colby

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thos E Brooks
(Address) Randallstown Md

15 Filed OCT 13 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 12. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Oct. 12, 1928, that I last saw her alive on Oct. 12, 1928, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Senile Arteris-Sclerosis

(duration) 8 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr K Skilling, M. D.

10/12, 1928 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Oct 15th 1928

20 UNDERTAKER: Williams & Fox

ADDRESS: 1723 W Lafayette Ave

...—2-29-28—L. F. S.—500 Bks.

38266

2/8065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38266

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH [illegible] HOPKINS HOSPITAL

REGISTERED NO.

TY OF BALTIMORE: (No. ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Epps Banks

(a) RESIDENCE NO. 215 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Winnie Banks

DATE OF BIRTH (month, day, and year) 3/9/00

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mollie Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 12 1928 19 HAMPSON JONES, M. D. Registrar

Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-12-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept-20, 1928, to Oct-12, 1928, that I last saw him alive on Oct-12, 1928, and that death occurred, on the date stated above, at 6:45 p. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis.

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Circulatory failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Sidney P. Rhodestone, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem Baltimore Md

DATE OF BURIAL Oct 15 1928

20 UNDERTAKER Robert Williams

ADDRESS 1515 W. Eldorado St

c.—12-9-25—A Co.—200 Bks.

E 38267 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38267

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.) 111 Bloomberg St. (Ward) 7th

2-FULL NAME Clarence K. Price

(a) RESIDENCE NO. 111 Bloomberg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 20 1926

7 AGE — Years: 2 — Months: - — Days: 20 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Clarence Price

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A. Allen

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Clarence Price

(Address): 111 Bloomberg St.

15 Filed 10 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Oct 10, 1928, that I last saw h alive on Oct 9, 1928, and that death occurred, on the date stated above, at 2:50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Otitis Catitis

(Duration) 1 yrs. 2 mos. ... ds.

CONTRIBUTORY (secondary): Exhaustion

(Duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed: C. H. Hampson Jones, M. D.

(Address) 1624 Bolton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: Oct 13 1928

20 UNDERTAKER: Chas L Stevens — ADDRESS: 1996 E Fayette, Balto

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38268 E 38268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Rear of 2510 Greenmount Ave St., (Ward) 7-50

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Schow

(a) RESIDENCE NO. 2927 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine G. Schow

6 DATE OF BIRTH (month, day, and year): Sept 12-1894

7 AGE — Years: 34 — Months: — — Days: 29 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimd.

(State or country)

PARENTS

10 NAME OF FATHER: John G. Schow

11 BIRTHPLACE OF FATHER (city or town): Baltimd.

(State or country)

12 MAIDEN NAME OF MOTHER: Betty E. Wagner

13 BIRTHPLACE OF MOTHER (city or town): Baltimd

(State or country)

14 Informant: John G. Schow

(Address) 2927 N. Charles St

15 Filed OCT 13 1928 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) .....yrs, ...mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D.

(Coroner)

(Address) 6232 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial 10/15 1928

20 UNDERTAKER: Chas E. Evans & Son ADDRESS 1118 Park Ave

1-12-23—M&T—500 Blks.

E 38269

38269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 E. 32nd ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Lenora Schillinger

(a) RESIDENCE No. 306 E. 32nd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis A Schillinger

DATE OF BIRTH (month, day, and year): Sept. 17, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	0	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James H. Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Louisa League

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Louis A. Schillinger (Address) Roland Park Apartments

15 Filed 10-13 1928 C. HAMPSON JONES, M. D. Registrar

Paid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1927, to Oct 12, 1927

that I last saw her alive on Oct 12, 1927

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A WOEHL, M. D.

10/13 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 38270 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38270

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 Woodyear St. 16-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Bannister

(a) RESIDENCE NO. 818 Woodyear St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 26 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16-1928

7 AGE: Years 6 Months 6 Days 16

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Walter Bannister

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Barney

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Annie Bannister

(Address) 818 Woodyear

15 Filed Oct 13 1928 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Signed Oct 12 19 28 (Address) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 10-13 1928

20 UNDERTAKER: Harry Easton ADDRESS 916 Penna Ave

1-12-23—MAT—500 Blks.

38271 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38271

CERTIFICATE OF DEATH.

164

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Cumberland ST. 15-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Hackell—

(a) RESIDENCE No. 622 Cumberland ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: John Hackett

DATE OF BIRTH (month, day, and year) — — 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic — d/o

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Kingsville Md

PARENTS

10 NAME OF FATHER: Andrew Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown " "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown "

14 Informant: Charles Hackell — (Address) 622 Cumberland St

15 Filed OCT 13 1928 . 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1928, to Oct 12, 1928, that I last saw her alive on Oct 10, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows: Hypertension 7 D. age the kid been in failing health for 3 or 4 months. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Kelly, M. D.

10/12, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathins cemetery

DATE OF BURIAL: Oct 14 1928

UNDERTAKER: David Davidson

ADDRESS: Upper Falls Md

-29-28—L. F. S.—500 Bks.

38272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38272

CERTIFICATE OF DEATH

46

PLACE OF DEATH — REGISTERED NO.

OF BALTIMORE: (No. 2539 St Paul ST. 17th WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Corine Bell

RESIDENCE NO. 2539 St Paul St. WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
White	Single

married, widowed, or divorced
(HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Oct 5 1892

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

CUPATION OF DECEASED

a) Trade, profession or particular kind of work

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) U.S.

10 NAME OF FATHER Wylie Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs. Wylie Bell

(Address) 2539 St Paul St

Filed OCT 13 1928, 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to Oct 11, 1928.

that I last saw h alive on Oct 10, 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary with general Carcinomatosis

About (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 2, 28.

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) Theodore N. Morrison M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
M D Woodlawn	Oct 13 19 28
20 UNDERTAKER	ADDRESS
Edmondson Ave	

12-23-21—E.B.R.S.—400 Bks.

38273 HEALTH DEPARTMENT—CITY OF BALTIMORE E38273

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1442 Brunt St. 14-20 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby boy Brown

(a) Residence No. 1442 Brunt St., Ward...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Oct 9 1918

AGE. ...yrs. ...mos. ...ds.

If LESS than 1 day. 5 hrs. or ...min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer...

9-BIRTHPLACE (city or town)... Baltimore (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Abner Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Nellie Caudell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N. C.

14- (Informant)...

(Address)...

15- Filed ... by C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 9 1918

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1918 to Oct 9 1918 that I last saw h[illegible] alive on Oct 9 1918 and that death occurred, on the date stated above, at 6 P m

The CAUSE OF DEATH* was as follows:

Congenital Lues

Prematurity

(Duration) ...yrs. ...mos. ...ds

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Theodore Woltak M. D.

, 19 (Address) University Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. ... 19..

20-UNDERTAKER.

ADDRESS

OCT 13 1918

Registered 2867

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38274

CERTIFICATE OF DEATH.

109-00 E 38274

1-PLACE OF DEATH

REGISTERED NO.

ity of BALTIMORE: (No. Franklin Square Hospital) 15-63 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genieve Taylor

(a) RESIDENCE NO. 3806 Towanda Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) July 1, 1918

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk

(State or country) Va

PARENTS

10 NAME OF FATHER Paul O. Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Lucie Woodhouse

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Lucile Taylor

(Address) 3806 Towanda Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Congestion

Edema and Congestion of Lungs and abdominal Viscera following Anaesthetic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Grave M. D.

(Coroner)

10-13-28 Address 3601 Third Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Date of Burial Oct 15 1928

UNDERTAKER Harry H. Witzke ADDRESS 1531½ Lombard St

E. HARRISON JONES, M. D.

c.—1-10-21—M&T—1500 Bks.

38275

HEALTH DEPARTMENT—CITY OF BALTIMORE

38275

159-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) Sanai Hospital (St.) 1-3 (Ward)

2-FULL NAME Baby Kasperzak

(a) RESIDENCE NO. 820 S Milton ave (Ward) 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 12 1928

AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Bernard Kasperzak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Nowak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address) Mr Bernard Kasperzak 820 S milton ave

15 Filed ..... 19 ..... Registrar

C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-12 .1928. to 10-13 .1928.

that I last saw he alive on 10-13-28 .19 ,

and that death occurred, on the date stated above, at 12 3° a.m.

The CAUSE OF DEATH* was as follows:

1. Congenital malformation
2. Mongolian Idiocy
3. Palate cheilo schisis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. S Rubinstein, M. D.

, 19 (Address) Sanai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Oct 13 1928

20 UNDERTAKER: John M Weber — ADDRESS: 401 S Chester

-12-23—M&T—500 Bks.

E 3827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 32788 F

1-PLACE OF DEATH

OF BALTIMORE: (No.) Baltimore City Hospitals (S. T. B.) 16 26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Bates

(a) RESIDENCE NO. 224 Arlington ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892 ?

7 AGE: Years 30 - 36 ? Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Eldridge Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1928, to Oct. 12, 1928, that I last saw him alive on Oct. 12, 1928, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

10-12 28, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: A. Jones — ADDRESS: 111 S. Gilmor

-12-23—M&T—500 Bks.

E 38277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-003 E 38277

-PLACE OF DEATH

Y OF BALTIMORE: (No. Balt & Gilmor St., 11-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Isabella Jackson

a) RESIDENCE NO. 1146 W. Mount ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1900

GE

Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Ed Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/17, 1928, to 10/11, 1928, that I last saw h alive on 10/11, 19, and that death occurred, on the date stated above, at 12-45 P m.

The CAUSE OF DEATH* was as follows:

Lung Abscess 3 mos

TBC

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) R. Fr. Hurley, M. D.

, 19 (Address) Balt & Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem.

DATE OF BURIAL: Oct 14 1928

20 UNDERTAKER: A. Jones

ADDRESS: 1115 Gilmor

-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38278 1294 38278

CERTIFICATE OF DEATH

PLACE OF DEATH — REGISTERED NO.

OF BALTIMORE: (No. 102 W 27th ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Georgie Bandel

RESIDENCE NO. 102 W 27th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Frank B. Bandel

TE OF BIRTH (month, day, and year) Aug 21, 1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	22	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Housework

) General nature of industry, business, or establishment in which employed (or employer)

) Name of employer At Home

IRTHPLACE (city or town) State or country) Md

10 NAME OF FATHER Henry White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D C

12 MAIDEN NAME OF MOTHER Katherine Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Agnes Bandel

(Address) 102 W 27th St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1928. to Oct. 12th, 1928., that I last saw her alive on Oct. 13th. 1928 and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis

of indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) anaemia also of unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Edward C Price, M. D.

10-15 1928 (Address) 1705 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 10/15 1928

20 UNDERTAKER: W. W. Cook — ADDRESS: 522 E North Ave

2-29-28—L. F. S.—500 Bks.

Dr Penby - 3522 - Grantmont Ave

E 38279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38279

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE: (No. 4019 Old York Rd. ST. 9-47 WARD)

—FULL NAME Amanda E McDaniel

) RESIDENCE NO. 4019 Old York Rd ST.,

(Usual place of abode)

h of residence in city nr town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of W. F. McDaniel

TE OF BIRTH (month, day, and year) July 11. 1856

E Years	Months	Days	If LESS than 1 day, hrs. or... min.
72	3	2	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work Housewife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer At Home

IRTHPLACE (city or town) (State or country) Balt Md

10 NAME OF FATHER Benjamin Cover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Amos Rumbaugh

(Address) 4019 Old York Rd

Filed ..... 19 .....

4 1928 C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 4 . 1928 to Oct 13 . 1928

that I last saw her alive on Oct 12 . 1928

and that death occurred, on the date stated above, at 11. a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis -

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? Clinical -

(Signed) John S. Penby, M. D.

10/13 . 1928 (Address) 42 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 10/15 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

2-29-28—L. F. S.—500 Blks.

Dr Richardson — 112 W 39th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38280

CERTIFICATE OF DEATH

E 38280

PLACE OF DEATH

OF BALTIMORE: (No. 2636 Hampden Ave ST., 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Ellen G. Wells

RESIDENCE NO. 2636 Hampden Ave ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Widowed

Married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wells

DATE OF BIRTH (month, day, and year) 1848

Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Paul Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Frank Wells

(Address) 2636 Hampden Ave

Filed 1928 C. HAMPSON Jones M. D. Registrar

For ARM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 13, 1928

that I last saw her alive on Oct 13, 1928

and that death occurred, on the date stated above, at 3 30 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. C. Richardson M. D.

Oct 18 1928 (Address) 112 W. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 10/15 1928

20 UNDERTAKER Wm Cook

ADDRESS 507 E. North Ave

12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38281 100-001 38281

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

Y OF BALTIMORE: (No. Church Home & Infirmary ST., 17 51 WARD)

-FULL NAME Margaret E. Strout

(a) RESIDENCE NO. 1820 N. Charles St. ST.; ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word)

male | White | Married

married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, and year) 1858

GE | Years | Months | Days | If LESS than 1 day, hrs or min.

70

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) Md

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

PARENTS

14 Informant Harry C. McGinnis

(Address) 930 Fidelity Bldg

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12 1928

17

I HEREBY CERTIFY, That I attended deceased from September 11, 1928, to October 12, 1928, that I last saw h.e alive on October 12, 1928, and that death occurred, on the date stated above, at 5.50 p m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

General Cerebral

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Lemon K. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 10 12 1928

20 UNDERTAKER W. M. Cook

ADDRESS 807 E. Lexington

C. CLARKSON JONES, M.D.

1928

APR

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38282 — CERTIFICATE OF DEATH — L 38282

PLACE OF DEATH — REGISTERED NO.

OF BALTIMORE: (No.) Charles St Ave Ext ST., 27-4 WARD

FULL NAME Sister M. Mortana Carroll

) RESIDENCE NO. Notre Dame of Maryland ST., 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) July 15, 1856

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	27	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nursing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Galway
(State or country) Ireland

10 NAME OF FATHER Martin Carroll

11 BIRTHPLACE OF FATHER (city or town) Galway
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Nellie Mullen

13 BIRTHPLACE OF MOTHER (city or town) Galway
(State or country) Ireland

Informant Sister M. Fabian
(Address) Notre Dame of Maryland

Filed Oct 14 1928 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 12 1928

that I last saw h alive on Oct 11, 1928

and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clara Dunn, M. D.

Oct 14 1928 (Address) 4 700 Harper Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notre Dame Private Lot	Oct 15 1928
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St.

2-29-28—L. F. S.—500 Bks.

38983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13 L 38283

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., 7-9 WARD)

2. FULL NAME Steve Yelcich or (Yelcick)

3. RESIDENCE NO. Mount Clare & Va ST., WARD Mount Clare

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/10/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	37	1	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country) Austria

10. NAME OF FATHER John Yelcich (Yelcick)

11. BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12. MAIDEN NAME OF MOTHER Mary Skyne

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Records

(Address)

Filed ..... 1928, 19 .....

HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct-12-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-4, 1928, to Oct-12, 1928

that I last saw him alive on Oct-12, 1928

and that death occurred, on the date stated above, at 9.05 P m.

The CAUSE OF DEATH* was as follows:

Post operative Hemorrhage

Post Operative Septicaemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pyelitis, Cystitis

(duration) yrs ? mos. ds.

18. Where was disease contracted ?

If not at place of death?

Did an operation precede death? Yes Date of Oct. 10, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Clarence E. Gardner M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clarksburg W Va	10/17/28
20. UNDERTAKER	ADDRESS
Joseph Abrams	221 Bway

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38284 38284

CERTIFICATE OF DEATH

100-081

PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 5811 Parkheight Ave ST., 37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Joseph B. Morganstern

) RESIDENCE NO. 5811 Parkheight Ave ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

th of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Jure Morganstern

TE OF BIRTH (month, day, and year) 1853

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Mfg

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Louis Morganstern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ethel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E Balt St

Filed ....., 19 .....

Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12/28

17

I HEREBY CERTIFY, That I attended deceased from Oct, 19 27, to Oct 12, 19 28

that I last saw h alive on Oct 12, 19 28

and that death occurred, on the date stated above, at 345 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Cardiac decomp. (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed) Eugene J Kaplan, M. D.

, 19 (Address) 208 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Rosedale

DATE OF BURIAL 10/14 19 28

20 UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

2-29-28—L. F. S.—500 Bks.

Alzadee Deets

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 38285 — 47 L 38285

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1716 Ramsey St. ST., 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Alzadee Deets

n) RESIDENCE NO. 1716 Ramsey ST., WARD
(Usual place of abode)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	Female White	Widowed

married, widowed, or divorced
HUSBAND of James McKay Deets
(or) WIFE of

ATE OF BIRTH (month, day, and year) July 18, 1859

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) New York
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14
Informant Mrs. Jessie F. Deets
(Address) 1716 Ramsey St.

15
Filed Oct. 19 1928
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12, 1928

17
I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, to Oct 12 1928,
that I last saw h ex alive on Oct 12 1928
and that death occurred, on the date stated above, at 12.15 m.
The CAUSE OF DEATH* was as follows:

Arcus Senilis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Stella Hennessy, M. D.

10/15/28, 19 (Address) 2009 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Oct. 15 19 28

20 UNDERTAKER Foard & Co.

ADDRESS

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38286 E 38286

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2232 E Madison St. 13-54 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena A. Reider

(a) RESIDENCE No. 2232 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced (or) WIFE of: John Reider

DATE OF BIRTH (month, day, and year): Jan 6 - 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Barbara Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant (Address): Mrs John Reider 2232 E Madison St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By ack

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1928

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to Oct 13, 1928, that I last saw h alive on Oct 13, 1928 and that death occurred, on the date stated above, at 1 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simms, M. D.

(Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Rd

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38287

CERTIFICATE OF DEATH.

181-001 E 38287

1-PLACE OF DEATH

ity of BALTIMORE: (No. Md Gen. Hosp St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hildt Sparrows Point

(a) RESIDENCE NO 13 S. E. Street St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occu... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 9-1877

7 AGE: Years 51 Months 2 Days 4 IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Stafford Co. Md

(State or country)

10 NAME OF FATHER Henry Hildt

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Francis Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

PARENTS

14 Informant Hosp. Record

(Address) Linden & Madison Sts

15 Filed ... 19... by ... Registrar

C. HARRISON JONES, M. D.

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:— Suffocating due to Gas Flow of Gas. which was caused by Gas Explosion.

(Duration) ... yrs. ... mos. 13 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) ... yrs. ... mos. 2 ds.

Attended ... (Coroner) H. Leach M. D.

(Address) 1113 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Sparrow Point.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial Oct 24 19

20 UNDERTAKER M. W. Engelhardt ADDRESS 2 E. Madison St.

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38288

CERTIFICATE OF DEATH.

+179 E 38288

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat ST., 25th WARD)

2-FULL NAME Paul Parker

(a) RESIDENCE NO. Mount Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Parker

6 DATE OF BIRTH (month, day, and year) June 8- 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Automobiles

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elk Garden W. Va

PARENTS

10 NAME OF FATHER George Parker

11 BIRTHPLACE OF FATHER (city or town) Cumberland (State or country) England

12 MAIDEN NAME OF MOTHER Rosie Priody

13 BIRTHPLACE OF MOTHER (city or town) Elkhart (State or country) Ind

14 Informant (Address) Records of Mt Hope Retreat B Altimus md

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per NRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1928, to Oct 13, 1928, that I last saw him alive on Oct 13, 1928, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Severe Burn

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland, Md — DATE OF BURIAL Oct 16, 1928

20 UNDERTAKER L. J. Jackson, Jones — ADDRESS Ft Pa Ave

—1-12-23—M&T—500 Bks.

(Marzec)

E 38289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38289

118-062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Marzec

(a) RESIDENCE NO. 2048 S. Fremont ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Geo Marzec

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Hosp Record

15 Filed 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 1927

17 I HEREBY CERTIFY, That I attended deceased from 10/11 1927 to 10/13 1927

that I last saw h— alive on 10/13 1927

and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 10/11/27

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. F. Finch, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Potters Field

DATE OF BURIAL: 10 17 1927

20 UNDERTAKER: John M Weber

ADDRESS: 1012 Chester

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38290

CERTIFICATE OF DEATH

101-001

E 38290

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1900 Harlem Ave St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lena Koch

(a) RESIDENCE NO. 1900 Harlem Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime days [illegible] for C. Blood Paper yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maiden

6 DATE OF BIRTH (month, day, and year): Nov 30 - 1866

7 AGE: Years 61 Months 10 Days 12

If LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Stationary

(c) Name of employer: Geo. Koch (Grocer)

009

9 BIRTHPLACE (city or town)

(State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. E. August Koch

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Europe

12 MAIDEN NAME OF MOTHER: Mary Ann Kotter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md.

14 Informant: Katherine Koch.

(Address) 1900 Harlem ave.

15 Filed 19

Per

Registrar

C. HAMPSON JONES, M. D.

4 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Oct 13, 1928, that I last saw h[illegible] alive on Oct 13, 1928, and that death occurred, on the date stated above, at 8.25 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute) Lobar -

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Geo. C. Shannon M. D.

10/13 19 28 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Oct 15 1928

20 UNDERTAKER: Jos Jos[illegible]dan & Son — ADDRESS: 207 S. M[illegible]

Very Important

c.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38291

CERTIFICATE OF DEATH.

E 38291

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 Aliceanna St. Ward) 10th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Mach

(a) RESIDENCE NO. 1614 Aliceanna St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) April 1928

7 AGE Years | Months 6 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Mach.

11 BIRTHPLACE OF FATHER (city or town) Poland.

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Pistrau

13 BIRTHPLACE OF MOTHER (city or town) Poland.

(State or country)

14 Informant Frank Mach.

(Address) 1614 Aliceanna St

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13. 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 19 28 to Oct 13 19 28

that I last saw him alive on Oct 13 19 28

and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Sepsis Pneumonia

(duration) 3 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1614 Aliceanna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Stanislaus Cem. Oct 15 1928

20 UNDERTAKER ADDRESS

George A. Weber 705 Lanvale St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38292

CERTIFICATE OF DEATH

117 E 38292

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Md. General Hosp. St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Hunt

(a) RESIDENCE NO. 1913 Greenmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Elizabeth Hunt.

6 DATE OF BIRTH (month, day, and year): Feb 4, 1861

7 AGE — Years: 67 — Months: 8 — Days: 8 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Penn. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co., Md.

(State or country)

PARENTS

10 NAME OF FATHER: Frank Hunt.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Katherine Bressler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Hospital record.

(Address)

15 Filed 10-13-1928 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: October 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1928 to Oct 12, 1928, that I last saw him alive on Oct 12, 1928, and that death occurred, on the date stated above, at 10:50 A. m.

The CAUSE OF DEATH* was as follows:

Appendicitis, gangrenous

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) General peritonitis.

(doration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted

If not at place of death? at home.

Did an operation precede death? Yes Date of 10-7-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

19 (Signed) John B. Thompson M. D.

(Address) 1913 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Oct. 15, 1928

20 UNDERTAKER: E. Leroy Stiffler — ADDRESS: 1255 North ave.

2-29-28—L. F. S.—500 Bks.

38293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38293

—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 1730 N. Payson ST. 15th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Stratton McGee Lang

(a) RESIDENCE NO. 1730 N. Payson ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Olivia Creamer

ATE OF BIRTH (month, day, and year) October 12, 1871

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	0	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

BIRTHPLACE (city or town) Clarksburg
(State or country) West Virginia

10 NAME OF FATHER Theodore F. Lang

11 BIRTHPLACE OF FATHER (city or town)
(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Susan Fowkes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) West Virginia

14 Informant Mrs. Mary O. Lang
(Address) 1730 N. Payson Street

15 Filed ..., 19 ... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct, 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to Oct, 13, 1928, that I last saw h— alive on Oct, 13, 1928, and that death occurred, on the date stated above, at 11:50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pharynx

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Carcinomatosis & malnutrition (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of —

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) Abraham Delafuente, M. D.

, 19 (Address) 2029 W. Hoffman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL 10/ ?, 19 28

20 UNDERTAKER Henry W. Spears & Son — ADDRESS 805 N. Calvert

—1-12-23—M&T—500 Bks.

38294

HEALTH DEPARTMENT—CITY OF BALTIMORE

295-002

E 38294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital.

TY OF BALTIMORE: (No. 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cullison

(a) RESIDENCE NO. Hampstead, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 5 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ritter Cullison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Edna B Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Aunt Johns Hopkins Hospital.

(Address)

15 Filed , 19 Registrar

C. HAMILTON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct. 14, 1928, that I last saw h alive on Oct 14, 1928, and that death occurred, on the date stated above, at 2.07A m.

The CAUSE OF DEATH* was as follows:

UNKNOWN

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Aunt Johns Hopkins, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green cemetery Balto DATE OF BURIAL: Oct 16 1928

UNDERTAKER: Edward C Tipton ADDRESS: Hampstead Md

2-29-28—L. F. S.—500 Bks.

38295

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 38295

CERTIFICATE OF DEATH

PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 23-31

OF BALTIMORE; (No. ..... St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Clara Cornish

RESIDENCE NO. 1009 Leadenhall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wed

married, widowed, or divorced HUSBAND of (or) WIFE of: not given

DATE OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65 or 70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): N. C

10 NAME OF FATHER: Moses Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Hattie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

Informant: Records

(Address) BALTIMORE CITY HOSPITALS

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-12-28

17 I HEREBY CERTIFY, That I attended deceased from 10-8 ..... 19 28 ..... to 10-12 ..... 19 28 .....

that I last saw her alive on 10-12 ..... 19 28

and that death occurred, on the date stated above, at 7:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial insufficiency

..... (duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) P. M. Hick, M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calary Cemetery

DATE OF BURIAL: 10/15 19 28

20 UNDERTAKER: Walter B. Sprigg

ADDRESS 124 W. Hamburg St.

1-12-23—M&T—500 Blks.

E 38296 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1313 Glyndon Ave (St.) (WARD)

2-FULL NAME Margaret Kyselewska

(a) RESIDENCE No. 1313 Glyndon Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kyselewska

DATE OF BIRTH (month, day, and year) [illegible] 188

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47	--			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER John Strauss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Magdalena Strosky.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Mrs. Josephine Kyselewska

(Address) 1313 Glyndon Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 28 to Oct 14, 19 28

that I last saw h- alive on Oct. 14, 19 28

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs 6 mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen D Davis, M. D.

, 19 (Address) 127 W Mt Royal Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Oct 17th 1928

20 UNDERTAKER: John F Lowe & Son ADDRESS: Govans

c.—1-10-21—M&T—1500 Blks.

E 38297

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-09 38297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1204 Glyndon ave ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Musgrove

(a) RESIDENCE NO. 1204 Glyndon ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Widower

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 23-

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63		11	19	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wilm A. Musgrove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Hedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mrs Smith (daughter) 1204 Glyndon ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 12, 1928, that I last saw h[illegible] alive on Oct 12, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R Worley Strong, M. D.

Oct 15 1928 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gorsuch Park — DATE OF BURIAL Oct 16 1928

20 UNDERTAKER John J Fulda — ADDRESS 1200 W Fayette

2-29-28—L. F. S.—500 Blks.

E 38298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38298

CERTIFICATE OF DEATH

90

—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

Y OF BALTIMORE: (No. [redacted] ST., 19 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME William Marshall

) RESIDENCE NO. 2010 Lincoln Court ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
[illegible]	Col	Wid

married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

TE OF BIRTH (month, day, and year)

E 70(?) Years	Months	Days	If LESS than 1 day, hrs or min.

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant

(Address) BALTIMORE CITY HOSPITALS

Filed OCT 15 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12-28

17

I HEREBY CERTIFY, That I attended deceased from 3-15, 1928, to 10-12, 1928.

that I last saw him alive on 10-12, 1928

and that death occurred, on the date stated above, at 7 00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

Emphysema (duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. W. Mack, M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Oct. 15, 1928
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder St

ec.—1-10-21—M&T—1500 Blks.

38299

HEALTH DEPARTMENT—CITY OF BALTIMORE

38299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp 152 3 (If not in hospital, ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A. Kuehnscherf

(a) RESIDENCE NO. 1202 Light ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 4-23-1877

8 AGE: Years 51 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Records.

15 Filed OCT 15 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 19 28, to Oct 12, 19 28, that I last saw h[illegible] alive on Oct 12, 19 28, and that death occurred, on the date stated above, at 2 40 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Furunculosis

(duration) yrs. mos. 1 4 ds.

18 Where was disease contracted if not at place of death? 1202 Light St.

Did an operation precede death? Yes Date of Oct 10/28

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Culture

(Signed) Walter N. Coblentz M. D.

, 19 (Address) So Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: 10/15/1928

UNDERTAKER: J. F. McCully — ADDRESS: 1306 Fou[illegible]

...c.—8-24-14—M. & T.—2000 Bks.

E 38300 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38300

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 565 London Av. St.) 20-21 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Lindner

Residence in Baltimore: No. 565 London Av.

St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

DATE OF BIRTH, Nov. (Month) 15 (Day), 1844 (Year)

AGE, 80 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or ...mts.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Policeman
(b) General nature of Industry, business, or establishment in which employed (or employer). Retired 61

BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannella Uhlig

(Address) 565 London Av.

15- C. HAMPSON JONES, M. D.

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1918 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1917, to Oct 12 1918 that I saw h[illegible] alive on Oct 12 1918 and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonic Intestitial nephritis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ...yrs. 1 mos. 1 ds.

(Signed) John A. Thatcher M. D.

10/14, 191... (Address) 1219 Taylor Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn DATE OF BURIAL. Oct. 15, 1918

20-UNDERTAKER Ed. Sloman for ADDRESS 1139 Harwin St

—1-12-23—M&T—500 Blks.

38301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 L 38301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 pugut St. Mt. Hope WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Day. Jr.

(a) RESIDENCE No. 2506 pugut. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

DATE OF BIRTH (month, day, and year): Mar 2 1928

AGE: Years: ns; Months: 9; Days: 4; If LESS than 1 day, hrs. or min.:

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: William Day Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Viola Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: William Day Sr.

(Address) 2506 pugut St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Oct 13, 1928, that I last saw him alive on Oct 12, 1928, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ns Date of —

Was there an autopsy? ns

What test confirmed diagnosis? Lower

(Signed) Raymond S Johnson, M. D.

(Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Oct. 15, 1928

20 UNDERTAKER: Mrs. P. A. Elliott — ADDRESS: 1125 Baltimore

1-12-23—M&T—500 Blks.

38302

HEALTH DEPARTMENT—CITY OF BALTIMORE

38302

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH Sterling Sanatorium

CITY OF BALTIMORE: (No. 25-71 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Ecan Hurst

(a) RESIDENCE NO. Ellwood City Pa ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home girl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Poles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs John Fisher

(Address) Ellwood City Pa

15 Filed OCT 15 1928, 19 C. HAMPTON MOORE Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19 28, to Oct. 13 19 28

that I last saw her alive on Oct. 13 19 28

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Uremia - Nephritis

Cystitis - Pyelonephritis

(duration) 2 yrs. 4 mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 0 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. A. Harman M. D.

, 19 (Address) 90 7th. Ellwood City Pa

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bella Cemetery — DATE OF BURIAL Oct 17 1928

20 UNDERTAKER Eaton Sons — ADDRESS Ellwood City

2-29-28—L. F. S.—500 Blks.

8 H 9D 38303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9N E 38303

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Dorothy Blackwell

) RESIDENCE NO. 1709 N. Bruce ST., WARD
(Usual place of abode)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	Colored	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Jan 22. 1928

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER George Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Jessie Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

5 Filed Per 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 3, 1928, to Oct 13, 1928, that I last saw h er alive on Oct-13, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 3 weeks mos. ds.

CONTRIBUTORY (Secondary) Secondary Bronchopneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James L Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Oct 16 1928
20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Mount St

1-12-23—M&T—500 Bks.

E 38304 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38304

CERTIFICATE OF DEATH.

REGISTERED NO. 24001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Scott St. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Gregory

(a) RESIDENCE No. 1223 Scott St. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm P Gregory.

DATE OF BIRTH (month, day, and year): Aug. 8. 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	87	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Maryland.

10 NAME OF FATHER: L. d Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. A. Adams

(Address) 1223 Scott St.

15 Filed OCT 15 1928 C. HAMPSON JONES, M. D. Registrar

Per Hines

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/14/28 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 14, 1928, that I last saw h alive on Oct 14, 1928 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Bamm M. D.

, 19 (Address) 1207 North Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem'y

DATE OF BURIAL: 10/16/28 19

20 UNDERTAKER: Geo. Lemlach Sons

ADDRESS: 620 N. Fremont Ave.

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38305

CERTIFICATE OF DEATH.

129 E 38305

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 838 W. Fayette ST. (WARD) 18-16

2-FULL NAME Walter Melvin Hooks

(a) RESIDENCE NO. 838 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 27, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	53	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Abell E. Hooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eda Steltzman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Miss Mary Hanson 838 W. Fayette St

15 Filed OCT 15 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 5 1928, to Oct. 13 1928.

that I last saw him alive on Oct. 13 1928.

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Both Kidneys.
with ascites.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. H. Magness, M. D.

10/15/28 (Address) 14 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Oct 16 1928

20 UNDERTAKER: Wm J. McKnew Sons ADDRESS: North Pa

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38306 43 E 38306

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTERED NO. 15-58

Y OF BALTIMORE: (No.) 3708 Park Heights ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Philip Theodore Young

) RESIDENCE NO. 3708 Park Heights ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 7 yrs. 6 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Widower

married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Amelia Fisher

TE OF BIRTH (month, day, and year) March 28-1852

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	15	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Cabinet Maker

) General nature of industry business, or establishment in which employed (or employer) Car Shops

) Name of employer U. R & E Co

IRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John A. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Knapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Edward Young

(Address) 3708 Park Heights ave

Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June, 1927, to Oct 13, 1928, that I last saw him alive on Oct 10, 1928 and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left supra renal capsule.

(Primary in Antrum)

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert C. Knapp, M. D.

Oct 14 1928 (Address) 1216 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct. 16 1928
20 UNDERTAKER	ADDRESS
Harry W. Ellen	1010 W. Mulberry

2-29-28—L. F. S.—500 Bks.

38307

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 38307

CERTIFICATE OF DEATH

—PLACE OF DEATH

Y OF BALTIMORE: (No. 1009 E. Fayette ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Rebecca Zablonsky

a) RESIDENCE NO. 1009 E Fayette ST., WARD
(Usual place of abode)

th of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., If foreign birth? 6 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
nale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

ATE OF BIRTH (month, day, and year)

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	—	—	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Russia
(State or country)

10 NAME OF FATHER Abraham Hurwitz

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Fagil Frame

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

Informant Samuel Zablonsky

(Address) 1009 E Fayette St

Filed ....., 19 .....

C. HAMPSON JONES, M. D.
Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14/28

17

I HEREBY CERTIFY, That I attended deceased from Oct-1 1928, to Oct-14- 1928,

that I last saw her alive on Oct-14- 1928

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
about one year
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) none
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) Herman Seidel, M. D.

10-15-1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Oct 15 1928

20 UNDERTAKER Hot Levinson & Bro — ADDRESS 1127 E Balto St

1-12-23—M&T—500 Bl. See Letter on file from Dr Hall dated 10-16-1928 during age

E 38308 HEALTH DEPARTMENT—CITY OF BALTIMORE 102 E 38308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 319 E 23 St S 17-50 WARD)

2-FULL NAME Benjamin Winston

(a) RESIDENCE No. 319 E 23 St, ST., WARD
(Usual place of abode)
ength of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Colored	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harriett Ann Gregory

DATE OF BIRTH (month, day, and year) May 11. 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
8 ~~72~~		5	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer unknown

BIRTHPLACE (city or town) (State or country) Ashland. Co. Virginia

10 NAME OF FATHER Steven Winston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ashland Co Va.

12 MAIDEN NAME OF MOTHER Margret Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ashland Co Va.

PARENTS

14 Informant (Address) James J. Winston 319 E. 23rd St

15 Filed OCT 15 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1928, to Oct. 12 1928, that I last saw h in alive on Oct. 12, 1928 and that death occurred, on the date stated above, at 8 20 a. m.

The CAUSE OF DEATH* was as follows:

Pleurisy and Empyema

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Acute pleurisis (duration) ? yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam,

(Signed) J. F. Hall, M. D.

, 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. | DATE OF BURIAL Oct 15 1928

20 UNDERTAKER Eugene Waters | ADDRESS 962 W Franklin St

1-12-23—M&T—500 Blks.

E 38303 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38304

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Eutaw Place ST. 11-24 WARD)

2-FULL NAME Horace Slingluff Jr.

(a) RESIDENCE NO. 1211 Eutaw Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 46 yrs. 8 mos. 19 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ludmila M.Slingluff

DATE OF BIRTH (month, day, and year) Jan.25,1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	46	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice President of

(b) General nature of industry, business, or establishment in which employed (or employer) Slingluff Flooring Co.

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

PARENTS

10 NAME OF FATHER Horace Slingluff

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ? Maryland

12 MAIDEN NAME OF MOTHER Nannie Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ? Maryland

14 Informant (Address) Mr.A.J.Hunter (cousin) Catonsville, Md.

15 Filed 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from OCT 13, 1928, to OCT 14, 1928 that I last saw him alive on OCT 14, 1928 and that death occurred, on the date stated above, at 11.15 A. M.

The CAUSE OF DEATH* was as follows:

CHOLECYSTITIS CHRONIC (duration) 5 yrs. mos ds

CONTRIBUTORY CHRONIC INTERSTITIAL NEPHRITIS (duration) 1 yrs mos. ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John K. Thucombe M. D.

10/14, 1928 Address 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Oct-15-1928

20 UNDERTAKER — ADDRESS

THE H. M. MOWEN COMPANY 1211 N. MONTPELIER

38311

E 38310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) (ST.) 610 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Booth Dowell

(a) RESIDENCE NO. 530 N. Glover st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Dowell

6 DATE OF BIRTH (month, day, and year): 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Maryland

9 NAME OF FATHER: Willis Dowell

10 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

11 MAIDEN NAME OF MOTHER: Ella Johnson

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

13 Informant: Hospital Records

(Address)

14 Filed OCT 15 1928 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 13, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 28, to Oct. 13, 19 28, that I last saw him alive on Oct. 13, 19 28, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith, M. D.

10-13, 28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: Oct 16 19 28

20 UNDERTAKER: John Ulhorn

ADDRESS: 2008 Orleans

2-29-28—L. F. S.—500 Blks.

E 38311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38311

CERTIFICATE OF DEATH

—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 84

TY OF BALTIMORE: (No. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Margaret Friese

(a) RESIDENCE NO. 615 S. Lakewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Charles

ATE OF BIRTH (month, day, and year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Sleigert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant, Pearl

(Address) JOHNS HOPKINS HOSPITAL

Filed OCT 15 1928 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12-28

17

I HEREBY CERTIFY, That I attended deceased from September 9 1928 to October 12 1928

that I last saw her alive on October 12 1928

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Pineal tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Removal of tumor Oct 9 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M. D.

Oct 14 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Oct 15 1928

20 UNDERTAKER John Ulmt

ADDRESS 208 E Orleans

12-23-21—E.B.R.S.—400 Bks.

E 38312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38312

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 136 S. Patterson Pk. Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wladyslawa Rydzewski

(a) Residence No. 136 S. Patterson Pk Ave. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widow or Divorced, (Write the word.) Married

6-If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wladyslaw Rydzewski

7-DATE OF BIRTH (month, day and year) 11/30/1889

8-AGE. 38 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michael Hepner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Bockenski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

14- (Informant) Wladyslaw Rydzewski

(Address) 136 S. Patterson Pk Ave

15- Filed OCT 15 1928 C. HAMPSON JONES, M. D. 192 Per Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 13-1928

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 to ~~Dec~~ Oct 13 1928 that I last saw h alive on Oct 12 1928 and that death occurred, on the date stated above, at 11 A.M. or P.M.

The CAUSE OF DEATH* was as follows:

Acute Tuberculous Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor of Brain

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Xray & Micro.

(Signed) Claud Emrick M. D.

Oct 15, 1928 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary | DATE OF BURIAL 10/17 1928

20-UNDERTAKER William Fiszgowski | ADDRESS 168 Eastern Ave

1-12-23—M&T—500 Blks. See Letter in file from Dr Mock dated 10-16-1928 Changing age

38313 HEALTH DEPARTMENT—CITY OF BALTIMORE 38313

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balt & Gay Hos ST. 6-10 WARD)

2-FULL NAME Lena Zellers

(a) RESIDENCE NO. 125 N. Pat ST., WARD.....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Zeller

DATE OF BIRTH (month, day, and year): Dec 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
72	69	10	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant: Wm. Zellers

(Address) 125 N. Pat St

15 Filed OCT 15 1928 19 C. HARPER, Jr. M. Par: H Carr Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/15 19 28

17

I HEREBY CERTIFY, That I attended deceased from 7/27 19 28, to 10/15 19 28,

that I last saw h alive on 10/15 19 28

and that death occurred, on the date stated above, at 2.00 m

The CAUSE OF DEATH* was as follows:

Ca to the ovary to the
& Cancerthosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Pernicious

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/27/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. W. Mock, M. D.

, 19 (Address) Balt & Gay Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem. DATE OF BURIAL: Oct 18 1928

20 UNDERTAKER: H. Sander Sons ADDRESS: 1715 Eastern

ec.—1-10-21—M&T—1500 Bks.

E 38314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38314

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 826 Rutland Ave ST. 13 WARD)

2-FULL NAME Harry Henson

(a) RESIDENCE NO. 826 Rutland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): July 15, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Horace Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Caroline Stepney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Caroline Henson (Mother)

(Address) 826 Rutland Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, to Oct 12, 1928, that I last saw h alive on Oct 10, 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Pooley M. D.

10/13 1928 (Address) 1729 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

2-29-28—L. F. S.—500 Bks.

E 38315 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38315

CERTIFICATE OF DEATH

90

BALTIMORE CITY HOSPITALS

—PLACE OF DEATH ... REGISTERED NO. ...

Y OF BALTIMORE: (No. ... ST., 264 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Marie Housemann

a) RESIDENCE NO. 619 So Wolfe ST., 2 WARD
(Usual place of abode)

th of residence in city or town where death occurred 65 yrs. mos. / ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
eale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Geo. W. Housemann

TE OF BIRTH (month, day, and year) Oct. 9th 1863

E 65 Years	Months	Days 1	If LESS than 1 day, hrs. or min.

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work Housework

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

IRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Traule Rustemeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Finke

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country) "

Informant Records

(Address) BALTIMORE CITY HOSPITALS

Filed ... 19 ... HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-10-28

17 I HEREBY CERTIFY, That I attended deceased from 9-17, 1925, to 10-10, 1928,

that I last saw h[illegible] alive on 10-10, 1928

and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertentio, Arteriosclerosis, Old Hemiplegia, Rt (duration) 3 yrs. mos. ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Hoch, M. D.

(Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct. 16 1928
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 4038 S. Wolfe St.

2-29-28—L. F. S.—500 Bks.

E 38316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38316

CERTIFICATE OF DEATH

129

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 616 S. Washington ST., 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Edward J. Ward sr.

) RESIDENCE NO. 616 S. Washington ST., 2 WARD
(Usual place of abode)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Ward

ATE OF BIRTH (month, day, and year) April 11th 1855

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	3	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Switchman

(b) General nature of industry, business, or establishment in which employed (or employer) of

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER William Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Honora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Elizabeth M. Ward wife

(Address) 616 S. Washington St.

Filed OCT 15 1928 C. HAMPSON JONES, I

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928 to Oct 13, 1928

that I last saw h— alive on Oct 13, 1928

and that death occurred, on the date stated above, at 2 50/a. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation, Arterio Sclerosis & Chronic Nephritis Interstitial

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Dept functions of Kidneys

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N V Date of

Was there an autopsy? N V

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) John A Dunlop, M. D.

, 19 (Address) 1628 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Oct. 17 1928
20 UNDERTAKER	ADDRESS
Lilly & Geiler Inc.	403 S. Howard St

J-12-23—M&T—500 Blks.

38317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 38317

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1705 Byrd St ST. 24 WARD)

2-FULL NAME Catherine Lear

(a) RESIDENCE No. 1705 Byrd St ST., 24 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of Thomas Lear

DATE OF BIRTH (month, day, and year) 1/21/1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Midwife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER John McMahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Marg. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

PARENTS

14 Informant Jennie Lear
(Address) 1705 Byrd St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1925

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925 to Oct 13, 1925 that I last saw h alive on Oct 12, 1925 and that death occurred, on the date stated above, at 12 oc H m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 13 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Campbell M. D.

Oct 14 1925 (Address) 1649 Hanover

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 10/16/25

20 UNDERTAKER J. J. Schuyler & Son ADDRESS 131 Light St.

1926 H. THOMPSON JONES, M. D.

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38318 E 38318

CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 W Lanvale St. (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Johnson

(a) RESIDENCE NO. 108 W Lanvale St., 23 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) May 25 1878

AGE Years 49 Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Arthur Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Eliz. Gaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Johnson

(Address) 108 W. Lanvale St.

15 Filed Oct 16 1928 Reg. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th 1928 to Oct 15th 1928

that I last saw her alive on Octo. 14th 1928

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition (since birth)

(duration) — yrs. 4 mos 19 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Dorothy Heidel M. D.

10/15 1928 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 10/16 1928

20 UNDERTAKER J. F. Schaefer & Son

ADDRESS 538 Eight St

ec.—1-10-21—M&T—1500 Bks.

38319

HEALTH DEPARTMENT—CITY OF BALTIMORE

38319

CERTIFICATE OF DEATH.

33

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) Md. General Hospital (St.) 11-24 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Oplan

(a) RESIDENCE NO. 214 W. Monument St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 22, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher (music)

(b) General nature of industry, business, or establishment in which employed (or employer): Music. 086

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Charleston. S. C.

PARENTS

10 NAME OF FATHER: Joseph Oplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charleston - S. C.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charleston - S. C.

14 Informant: Hospital Records.

(Address) C. HAMPSON JONES, M.

15 Filed 15 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-28 —, 19 28, to 10 - 14, 19 28

that I last saw her alive on 10-14 —, 19 28

and that death occurred, on the date stated above, at 2-P m.

The CAUSE OF DEATH* was as follows: Tuberculous Peritonitis

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 8-29-28 10-6-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Test.

19 (Signed) [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charleston S. C.

DATE OF BURIAL: Oct 15 1928

20 UNDERTAKER: Mrs. Mrs John N. Temple & Son

ADDRESS: 881 W. Fayette

For.—12-9-25—A Co.—200 Bks.

E 38320 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38320

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklyn Sq. Hospital St.) 4-46 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Adams

(a) **RESIDENCE NO.** 1445 Montpelier **St.**_____ **Ward**_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) N. Y.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant George P. Adams

(Address)

15 Filed OCT 15 1928, 19 C. HAMPSON JONES, M. D.

By MRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Charles Broome M. D.

(Coroner)

, 1928 (Address) 1 Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Oct 16 1928

20 UNDERTAKER Wm Cook ADDRESS Balto

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38321

CERTIFICATE OF DEATH

71-001 E 38321

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Sydenham Hosp. ST., 8-16 WARD)

—FULL NAME Jerome V. Mahon

a) RESIDENCE NO. 1724 N. Bradford ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Mar 1st 1927

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	7	14	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER James Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant James Mahon

(Address) 1724 N Bradford St

C. HAMPSON JONES, M. D.

1928 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14/28

17 I HEREBY CERTIFY, That I attended deceased from 10/12/28, 19..., to 10/14, 1928, that I last saw him alive on 10/14, 1928 and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? tomen for pneumococ

(Signed) Henry Ginsberg, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Lem — DATE OF BURIAL Oct 16th 1928

20 UNDERTAKER Leo S. Cook — ADDRESS 1723 Pratt St

Sec.—1-10-21—M&T—1500 Bks.

E 38322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38322

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1259 Riverside Ave ST. 24-33 WARD)

REGISTERED NO. 1619

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Whittington

(a) RESIDENCE NO. 1259 Riverside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of)

7 DATE OF BIRTH (month, day, and year) 10-14-28

AGE	Years	Months	Days	If LESS than 1 day, ° hrs. or 39 min.
✓		✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ fd

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas. W. Whittington

11 BIRTHPLACE OF FATHER (city or town) Martinsburg (State or country) W. Va

12 MAIDEN NAME OF MOTHER Mary Clonde

13 BIRTHPLACE OF MOTHER (city or town) Martinsburg (State or country) W. Va

14 Informant Mrs. Mary Whittington (Address) 1259 Riverside Ave.

15 Filed OCT 15 1928 19 C. HAMPSON JONES M. D. Registrar

5 1928 2869 APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-14-28, 19 . to 10-14-28, 19 .

that I last saw h[illegible] alive on 10-14-28, 19 .

and that death occurred, on the date stated above, at 8.35 P m.

The CAUSE OF DEATH* was as follows:

(prematurity)

Intrauterine asphyxia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Alexander Mowry M. D.

19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health.

ADDRESS OCT 15 1928

c.—1-12-23—M&T—500 Bks.

E 38323 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-08 E 38323

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Woman's Hosp. ST. 8-W WARD)

2-FULL NAME Premature male Moore

(a) RESIDENCE NO. 3003 Eastern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of none

DATE OF BIRTH (month, day, and year) Oct 14, 1928

AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 5 min
0	0	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Elmer C Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chicago Ill

12 MAIDEN NAME OF MOTHER Katherine Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant

(Address)

15 Filed 5 1928 19 C. HAMPSON JONES, M. D. Registrar

Pat 2871 RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 14, 1928, that I last saw h/m alive on Oct 14, 1928, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation.

5 hr 10 min.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Post mortem findings.

(Signed) Robert S McKean M. D.

, 19 (Address) Woman's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woman's Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

c.—1-12-23—M&T—500 Blks.

L 38324

HEALTH DEPARTMENT—CITY OF BALTIMORE

1003

L 38324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hosp ST. 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Lonako

(a) RESIDENCE NO. 1208 Gorsuch ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 mins ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, and year) Oct 15 1928

AGE	Years	Months	Days	If LESS than 1 day, O hrs. or 10 min.
0	0	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benjamin J Lonako

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oxford Md.

12 MAIDEN NAME OF MOTHER Annie B Woods.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant

(Address)

15 Filed 5 1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 15, 1928, that I last saw her alive on Oct 10, 1928, and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Congenital Adelectasis

15 mins

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Congenital malformations 15 mins

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Heart not found.

(Signed) Robert S McGaw M. D.

, 19 (Address) Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Oct. 15 1928

20 UNDERTAKER Henry W Meurisse

ADDRESS 805 N. Calvert

1-12-23—M&T—500 Blks.

38325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-901 38325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt & City Hosp 2253 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Banks

(a) RESIDENCE NO. 111 Leland St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Sep C

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed 5-19-28, 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/18/27, to 10/4, 19 27, that I last saw h alive on 10/19, 19 27, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

a Tumor of Rt Foot,

Duration—Years 6 mos ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evs

(Signed) Jos. H. Hirsh, M. D.

19 (Address) Balt & City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

—1-12-23—M&T—500 Blks.

E 38326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38326

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3539 Eastern Ave ST. (Ward) 13-57

2-FULL NAME Margaret Virginia Forgey

(a) RESIDENCE NO. 3539 Eastern Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, and year): March 29, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	2	6.		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Andrew R. Forgey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Margaret Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Father Andrew Forgey

(Address) 3539 Eastern Ave

15 Filed , 19 Registrar

1929 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Oct 15th, 1928,

that I last saw h[er] alive on Oct 14th, 1928

and that death occurred, on the date stated above, at 12:30 A m

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Colds

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Julius C. Friedel, M. D.

, 19 (Address) 3611 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Newington

DATE OF BURIAL: Oct 16 1928

20 UNDERTAKER: Chas. Dolan

ADDRESS: 2115 Eutaw

Spec.-7-17-26—A Co.—200 Bks.

.38327. HEALTH DEPARTMENT—CITY OF BALTIMORE 6.38327.

CERTIFICATE OF DEATH

101-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 825 N. Broad St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie Finley

(a) RESIDENCE NO. 825 N. Broad St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: E. Finley

6 DATE OF BIRTH (month, day, and year): May 31: 1897

7 AGE: Years 31 Months 4 Days 13 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: James Grant

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Dutton

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country): Md

14 Informant: Mrs. E. Finley

(Address): 74 Montgomery St. E. 2

15 Filed OCT 15 1928 C. HAMPSON JONES, M. D. Registrar

Per Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 1928 to Oct. 9th, 1928

that I last saw her alive on Oct. 9th, 1928

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas E. Lee, M. D.

1928 (Address) 1730 E. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial 10/16 1928

20 UNDERTAKER: Durnell Easton ADDRESS 511 Oak ave.

1-12-23—M&T—500 Bks.

38328 HEALTH DEPARTMENT—CITY OF BALTIMORE 38328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2848 Tivoli Ave ST. WARD)

OPPOSITE THOMANN

2-FULL NAME Stefanie Thoman

(a) RESIDENCE NO. 2848 Tivoli Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 2nd 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
63		4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) France

10 NAME OF FATHER Eugene Thoman

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Helen Astolz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Estelle E. THOMANN

(Address) 2848 Tivoli Ave

15 Filed 1928, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1927, to 10/14, 1928, that I last saw h[illegible] alive on 10/14, 1928 and that death occurred, on the date stated above, at 10.10 Am

The CAUSE OF DEATH* was as follows:

Cancer of Oesophagus

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

Duration yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 4/30/28

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) H. M. Hurt, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 10/16 1928

20 UNDERTAKER: H. S. Hufnagel

ADDRESS: 1850 W. Baltimore St

Spec.–7-17-26—A Co.—200 Bks.

E 38329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 38329

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1718 Latrobe St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Sampson

(a) RESIDENCE NO. 1718 Latrobe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 16, 1906

7 AGE: Years 22 Months yrs Days 27 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Clinton N. C.

(State or country)

PARENTS

10 NAME OF FATHER Matthew Sampson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Maggie Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Savannah Edwards

(Address) 1040 W. Lexington St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

By: R.R.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 October 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1928, to Oct 13, 1928

that I last saw her alive on Oct. 13. 1928

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pneumonia

Nephritis ?

(duration) yrs. mos. ds.

CONTRIBUTORY Exhaustion

(Secondary)

(duration) yrs. mos 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. S. Bruns M. D.

10/15, 19 28 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Clinton, N. C. Date of Burial 10/16/1928

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1621 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

John H. Murray Belvedere Ct

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38330

CERTIFICATE OF DEATH.

164 E 38330

1-PLACE OF DEATH

City of BALTIMORE: (No. 1417 Bolton St., 17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Murray

(a) RESIDENCE NO. 1417 Bolton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Cau

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie ?

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 69 - Months Undertaker said - Days Works old in

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Margaret A. Brown

(Address) 1651 Druid Hill Ave

15 Filed ..... 19 .....

Registrar

1928 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Old Age

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Walnut Edema

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

(Address) 1629 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery Date of Burial 10/17/28

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 1651 Druid Hill Ave

2-29-28—L. F. S.—500 Bks.

E 38331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38331

REGISTERED NO. 90

—PLACE OF DEATH

Y OF BALTIMORE: (No. 123 Conkling ST. 7-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Josephine F Peronty

(a) RESIDENCE NO. 123 Conkling ST., WARD

(Usual place of abode)

rth of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X

4 COLOR OR RACE: male White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph L Peronty

ATE OF BIRTH (month, day, and year): July 22. 1838

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

IRTHPLACE (city or town) (State or country): France

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

Informant: Adolph A Lewis

(Address) 123 Conkling ST

Filed 19

C. HAMPSON JONES, M. D.

Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13. 1928

17 I HEREBY CERTIFY that I attended deceased from Oct 5. 1928 to Oct 13. 1928

that I last saw him alive on Oct 12. 1928

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1101 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 10/16 1928

20 UNDERTAKER: W M Cook

ADDRESS: 501 E Mad St

2-29-28—L. F. S.—500 Bks.

38332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38332

REGISTERED NO. 15-65

—PLACE OF DEATH

Y OF BALTIMORE: (No.) 2725 W. Lafayette Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Eldon S Davidson

a) RESIDENCE NO. 2725 W Lafayette Ave ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov. 31, 1918

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	13	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Thomas C Davidson

11 BIRTHPLACE OF FATHER (city or town) Cambridge Md
(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Johnson

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md
(State or country)

Informant Thomas C Davidson
(Address) 2725 W Lafayette Ave

Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 6/28, 19..., to Oct 14/28, 19..., that I last saw him alive on Oct 14/28, 19..., and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage
Tuberculosis Pneumonia

CONTRIBUTORY (Secondary) Tuberculosis (duration) 2½ yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John B Kolb, M. D.

Oct 15 1928 (Address) 1732 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 10 17 1928

20 UNDERTAKER H M Cook — ADDRESS 501 E Ind Ave

C. HAMPSON & SONS, N. Y.
1928 Pat.

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 38333

CERTIFICATE OF DEATH

90 L 38333

—PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 2413 Barclay ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Matilda A Horner

(Usual place of abode) 2413 Barclay ST., WARD

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Edward Horner

TE OF BIRTH (month, day, and year) Oct 31, 1833

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	11	13	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Ishmael Harley

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Roberts

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant Edmond B Horner

(Address) 2413 Barclay St

Filed 1928 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1928, to Sept 29 1928, that I last saw her alive on Sept 29 1928, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Of 6 Years

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical Exam

(Signed) Geo Pelegrotty M.D.

10/15 19 28 (Address) 401 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va.

DATE OF BURIAL 10/17 19 28

20 UNDERTAKER W M Cook

ADDRESS 1712 E Madison

Cor.—12-9-25—A Co.—200 Bks.

E 38334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 38334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5904 Harford Ave St. 27-43 Ward)

2-FULL NAME SarahJane Somers

(a) RESIDENCE NO. 5904 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late John Milee Somers

6 DATE OF BIRTH (month, day, and year): May 13/1836

7 AGE — Years: 92 — Months: 5 — Days: 0 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Connecticut

PARENTS

10 NAME OF FATHER: Lucius Hine

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Conn.

12 MAIDEN NAME OF MOTHER: Sarah A. Strong

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Conn.

14 Informant: Mr. Howard M. Somers (son)

(Address): 3020 Harford Ave

15 Filed ..... 19 .....

C. H. THOMPSON JONES, M. D.

For ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Fracture Left Femur (Accidental.

(duration) yrs. mos. 24 ds.

(Signed) J. H. Collins, M. D.

(Coroner)

10-15-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Haven Connecticut

Date of Burial: Oct. 16 1928

20 UNDERTAKER: Henry Sandor & Sons Inc

ADDRESS: Baltimore st & Broadway

—1-12-23—M&T—500 Blks.

E 38335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38335

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hospital ST., 11th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena M. Johns

(a) RESIDENCE NO. 1010 E. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE. W

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word) Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 25 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Steinmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Holtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. John 1010 E. Fayette St.

15 Filed 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from October 13, 1928, to October 15, 1928, that I last saw her alive on October 15, 1928 and that death occurred, on the date stated above, at 6 a P m.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Dennis K. Norwood, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemt DATE OF BURIAL Oct 17th 28

20 UNDERTAKER Kellam & Love ADDRESS 1723 E. Lafayette Ave

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38336

CERTIFICATE OF DEATH

49 E 38336

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2074 E. 39th St., WARD) 13-59

2—FULL NAME John F. Forrester

(a) RESIDENCE NO. 2074 E. 39th. ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret R. Forrester

DATE OF BIRTH (month, day, and year) Jul. 8-1888

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40	—	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) Republic Radiator Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER David A. Forrester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Margaret R. Forrester

(Address) 2074 E. 39th St

15 Filed ... 19... C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14-1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 19 28, to Oct 14th, 19 28

that I last saw h... alive on Oct 14th, 19 28

and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary) None

(duration) 5 yrs. mos ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Sept

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Examination

(Signed) A. A. Fellows, M. D.

Oct 15, 19 28 (Address) 361 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilmington Ridge	Oct. 17 1928.
20 UNDERTAKER Isaac F. Bulgee	ADDRESS 3634 Old Road

2-29-28—L. F. S.—500 Blks.

E 38337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Hot

E 38337

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Greenmount Ave ST.) 10-15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George F. Houck.

(a) RESIDENCE NO. 1110 Greenmount ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Houck.

6 DATE OF BIRTH (month, day, and year) Nov 19/1851.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Store. Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Lawrence Houck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna M. Gantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Anna M. Houck.

(Address) 1110 Greenmount ave.

Filed Oct 17 1928 H. LANTZ JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14th 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Oct 14, 1928, that I last saw h[illegible] alive on Oct 14, 1928 and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs 11 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles O'Donovan Jr. M. D.

, 19 (Address) 5 E. Read St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stoney Cemetery Govans.	Oct. 17 1928
20 UNDERTAKER	ADDRESS
George L. Resh	1355 Harford ave.

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38338

CERTIFICATE OF DEATH

90 E 38338

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1426 E Lanvale St. 4-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Welch.

(a) RESIDENCE NO. 1426 E Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of: Late Geo. Welch.

DATE OF BIRTH (month, day, and year): Jan 28 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	8	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician & Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: John Jack.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Kuhnau

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Agnes Wyatt

(Address) 1426 E Lanvale st

Filed OCT 18 1928, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Oct 14, 1928, that I last saw h[illegible] alive on Oct 14, 1928 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Chr. Endo-Myocarditis

(duration) 2 yrs mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) 0 yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Thos. R. Brantley, M. D.

Oct 15 1928 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 10 | 17 | 1928

20 UNDERTAKER: Elgin - Amory

ADDRESS: 1785 Madison Ave

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38329 — REGISTERED NO. 2904 / E 38329

—PLACE OF DEATH

TY OF BALTIMORE (No. Union Memorial ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Dr. Geo W Dobbin

(a) RESIDENCE NO. Elkridge Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 5 yrs. 10 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

If married, widowed, or divorced
~~WIFE~~ HUSBAND of Mrs Geo W Dobbin

ATE OF BIRTH (month, day, and year) Dec. 17, 1870

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	28	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER ~~Dobbin~~ Robert A. Dobbin

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Key

13 BIRTHPLACE OF MOTHER (city or town) Washington DC
(State or country)

Informant Hospital Records

(Address) Union Memorial

Filed OCT 16 1928, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/15/28

17

I HEREBY CERTIFY, That I attended deceased (from) 9/5/28, 19 28, to 10/15/28, 19 28,

that I last saw h~~im~~er alive on 10/15/28, 19

and that death occurred, on the date stated above, at 5:10 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, uremia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) H. Hampson Jones, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grace P.E. Churchyard Elkridge Md.	Oct 16 1928

20 UNDERTAKER Henry H. Jenkins Sons

ADDRESS McCulloh Oakland

Rec—12-23-21—E.B.R.S.—400 Eks.

38340

HEALTH DEPARTMENT—CITY OF BALTIMORE

38340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md. 90

Registered No. 9-46

City of BALTIMORE: (No. 718 Homestead St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William M. Boteler

(a) Residence No. 718 Homestead St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, ~~Married~~ Married, Widowed, or Divorced, (Write the word.)

6-If ~~married, widowed~~, or divorced ~~Husband~~ of (or) WIFE of Cecelia Dunn

7-DATE OF BIRTH (month, day and year) April 29 1865

7-AGE 62 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles S Boteler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Washington DC

12-MAIDEN NAME OF MOTHER, L E Shaw

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14-

(Informant) Mrs. W. M. Boteler

(Address) 718 Homestead St.

15-

Filed OCT 16 1928 C. HAMPSON JONES, M. D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 14 - 28

17- I HEREBY CERTIFY, That I attended deceased from June 1927 to Oct 14 1928

that I last saw h in alive on Oct 13 1928

and that death occurred, on the date stated above, at 9.10 A m

The CAUSE OF DEATH* was as follows:

Hypertrophied & Enlarged Heart

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) as above

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Fabian Tuttle M. D.

, 19 (Address) 335 E. 31st St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL, 10 - 17 ... 28

20-UNDERTAKER Stephen Pecktenwald — ADDRESS 422 Orleans (rear)

Spec.—1-10-21—M&T—1500 Bks.

E 38341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 38341

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Greenmount Ave ST.) (10-15 WARD)

2-FULL NAME Lucy J. Bailey

(a) RESIDENCE No. 1032 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Bailey

6 DATE OF BIRTH (month, day, and year): Nov. 1-1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
66	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Stanton Va

PARENTS

10 NAME OF FATHER: Edw. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Stanton Va

12 MAIDEN NAME OF MOTHER: Sue Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Stanton Va

14 Informant: Edw. Bailey

(Address) 1032 Greenmount Ave

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-14 1928

17

I HEREBY CERTIFY, That I attended deceased from March, 19 28, to Oct 13, 1928,

that I last saw h[illegible] alive on Oct 13, 1928,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial nephritis

(dutation) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cerebral sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

10/15, 1928 (Address) 732 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park C. — DATE OF BURIAL: 10/17 1928

20 UNDERTAKER: St. John Kieltenich's — ADDRESS: 92 [illegible] Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38342

CERTIFICATE OF DEATH.

185

E 38342

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3307 Lerch Drive St. 27-24W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Lamley

(a) RESIDENCE NO. 3307 Lerch Drive St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Lamley

6 DATE OF BIRTH (month, day, and year) Feb 4-1846

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	82	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. Culver

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Barbara Ellrods

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Wm. Lamley

(Address) 3307 Lerch Drive

15 Filed 19 H. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Degeneration (General)

(duration) indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture rt hip-accidental (Fell in room)

(duration) yrs. mos. ds.

(Signed) H. H. Jones (Coroner) M. D.

(Address) 508 E. North Ave 10-16/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial 10/16 1928

20 UNDERTAKER George J Rieth ADDRESS 1735 Harford Ave

OCT 16 1928

H. H. JONES M. D.

pec.—1-10-21—M&T—1500 Bks.

38343

HEALTH DEPARTMENT—CITY OF BALTIMORE

38343

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 70-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Erlbeck

(a) RESIDENCE NO. 10 S. Payson, City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilly Erlbeck

6 DATE OF BIRTH (month, day, and year): April 5th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54		6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Guard - City Jail

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Erlbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs Lilly Erlbeck

(Address) 10 S. Payson St

15 Filed [illegible] 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-15 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-15 1928 to 10-15 1928

that I last saw him alive on 10-15 1928

and that death occurred, on the date stated above, at 9.45a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy Prostate Bronchial Pneumonia (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Reinhold M. Ericson M. D.

10/16 1928 (Address) St Agnes Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 17 1928

20 UNDERTAKER: Robert Brookeson — ADDRESS: Calhoun Hollins St

Spec.—1-10-21—M&T—1500 Bks.

38344

Dley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 38344

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6027 Old Harford Rd. WARD 43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth P. Dley

(a) RESIDENCE NO. 6027 Old Harford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. D Dley

6 DATE OF BIRTH (month, day, and year): June 23 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Edwin Stansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amanda Rutledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Nattie L Crowell

(Address) 6027 Old Harford Rd.

15 Filed OCT 18 1928 . 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 - 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1927, to Oct 14th, 1928.

that I last saw her alive on Oct 14th, 1928.

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Uterine Cancer.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Tull, M. D.

(Address) 711 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Highland Cem Harford Co Md — DATE OF BURIAL: 10-17 1928

20 UNDERTAKER: E T B Harker — ADDRESS: 115 E Fayette St

TION IS VERY IMPORTANT

Spec.—1-10-21—M&T—1500 Bks.

E 38345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38345

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 N Kryington ST. 4-16 WARD)

2-FULL NAME Louisa S. Dorries

(a) RESIDENCE NO. 746 N Kryington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Dorries

6 DATE OF BIRTH (month, day, and year): April 30th 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John G. Romoser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Amerhauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Augsburg Home Rec'd. (Address) 746 N Kryington St

15 Filed . 19 Per Registrar.

OCT 16 1928 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1928, to Oct 13, 1928, that I last saw h- alive on Oct 13, 1928, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

CONTRIBUTORY (Secondary) (duration) old age yrs. mos. 4 ds.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dow Hammeter M. D.

10-16-28 19 (Address) 3802 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: 10-16-28

20 UNDERTAKER: Mrs Chas A G Robde — ADDRESS: 2327 Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38346

CERTIFICATE OF DEATH.

90

E 38346

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2518 E. Fayette St. 610 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Byrnes

(a) RESIDENCE NO. 2518 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Byrnes

6 DATE OF BIRTH (month, day, and year): May 10/1858

7 AGE: Years 70 | Months 5 | Days 4 | If LESS than 1 day....hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ger.

10 NAME OF FATHER Rudolph Reisser

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ger

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ger.

PARENTS

14 Informant Mrs. John M. Byrnes

(Address) 2518 E. Fayette

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Oct 17, 1928, that I last saw h[illegible] alive on Oct 12, 1928, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation Pulmonary

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Geist M. D.

19 (Address) 1861 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial Oct. 18 1928

20 UNDERTAKER: J. J. Herr ADDRESS: 156 N. Luzerne ave.

CHAMPION JONES M D

Cor.—12-9-25—A Co.—200 Bks.

E 38347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38347

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 6-10 Ward)

2-FULL NAME John H. Klein

(a) RESIDENCE NO. 408 N Pk Pk. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Klein

6 DATE OF BIRTH (month, day, and year): Feb. 6/1866

7 AGE: Years 62 Months 8 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Button Hole Operator

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Andrew Klein

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ger.

14 Informant: Mrs. Theresa Klein

(Address): 408 N. Patterson Pk. ave

15 Filed OCT 16 1928 19 C. HAROLD JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

Oct 14/28 (Signed) Geo Clinton Bladed (Coroner)

19 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Oct. 18 1928

20 UNDERTAKER: Jos. J. Burr ADDRESS: 156 N. Luzerne ave.

E 38348

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 38348

CERTIFICATE OF DEATH

104-00

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1331 N. Bond St. 8-17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Gertrude Thelma Loane

(Residence in Baltimore: No. 1331 N. Bond St

St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: November 20 (Month) (Day), 1924 (Year)

7 AGE: 3 yrs. 6 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James F. Loane

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Edna Cutty

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James F. Loane

(Address) 1331 N. Bond St

15 Filed OCT 16 1928, 191 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 15 (Month) (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 7, 1928, to Oct. 15 1928, that I saw her alive on October 14, 191, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Cardiac and Respiratory Failure - Toxemia

Contributory (SECONDARY) Septic Pharyngitis (Duration) yrs. 2 mos. ds.

(Duration) yrs. mos. 8 ds.

(Signed) William F. Schwartz M. D.

Oct. 16, 1928 (Address) 1200 N. Carolina St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Marys Cemetery

DATE OF BURIAL: Oct 16, 1928

20 UNDERTAKER: Elmore Dilon

ADDRESS: 3615 Chestnut Av

IS VERY IMPORTANT. See instructions on back

—2-29-28—L. F. S.—500 Bks.

E 38349

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002

E 38349

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 19-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

2—FULL NAME Fred J. Wisner

(a) RESIDENCE NO. 1349 Ramsay St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 4, 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	3	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Allen Wisner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Beryl Wisner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Allen Wisner

(Address) 1349 Ramsay St. B.

15 Filed OCT 16 1928 BALTIMORE CITY HEALTH DEPT. 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 15, 1928, that I last saw h[illegible] alive on Oct 15, 1928 and that death occurred, on the date stated above, at 12.= Noon

The CAUSE OF DEATH* was as follows:

Tonsillar + Pharyngeal Diphtheria

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + positive Culture

(Signed) Myron G Tice, M. D.

Oct. 16 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL Oct 16 1928

20 UNDERTAKER W M Routson

ADDRESS 2230 N Smith

—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38359

CERTIFICATE OF DEATH

90 E 38350

—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. 431 W. Henrietta ST., 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Howard Thomas

(a) RESIDENCE NO. 431 W. Henrietta ST., W WARD
(Usual place of abode)

gth of residence in city or town where death occurred 53 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Eleanor Thomas

ATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

Informant Eleanor Thomas

(Address) 431 W. Henrietta

Filed OCT 16 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/15/28

17

I HEREBY CERTIFY, That I attended deceased from 9/28, 19 28, to 10/15, 19 28

that I last saw h alive on 10/11, 19 28

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

10/15/28 19 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion	Oct 16 1928
20 UNDERTAKER	ADDRESS
J. H. Brown & Son	Baltimore

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38351 — 24-001 — E 38351

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 218 S Green St. 27-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Dennis

(a) RESIDENCE NO. 218 S Green St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Dennis

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE — Years: 65 — Months — Days — IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Hanna Connell

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country)

14 Informant: James H Walker

(Address) 218 S Green

15 Filed ... 19 ... Registrar

OCT 16 1928 M. S. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-14 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Oct 14, 1928, that I last saw h[illegible] alive on Oct 14, 1928, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Cerebral Hemorrhage

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct — Date of Burial 10

20 UNDERTAKER: S. K. Brown & Son — ADDRESS

very important.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38[illegible]

CERTIFICATE OF DEATH

90 ✓

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital, 6-9 St., Ward)

REGISTERED NO. [illegible]

2-FULL NAME Hamilton Rawley Hor Rawlings

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.

(a) RESIDENCE NO. 1903 Fairmount Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Divorced~~

6 DATE OF BIRTH (month, day, and year) /

7 AGE — Years: 52 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): School

(c) Name of employer: City

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: James B. Traingr

(Address) 1918 E. Fairmount Ave

15 Filed OCT 16 1928 C. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) (Duration) yrs. 1 mos. 3 ds.

Otitis Media

(Signed) G. G. Blades M. D.

(Coroner)

1928 (Address) 1743 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 10/17 1928

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St

Per W. [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 38353 HEALTH DEPARTMENT—CITY OF BALTIMORE

99-002 E 38353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.. U.S. Marine Hospital, Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence W. Alexander

(a) RESIDENCE No. 1604 Thames St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward & Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS MALABAR

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Alexander

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country) Penna.

12 MAIDEN NAME OF MOTHER Anna Lowery

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed OCT 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1928

17

I HEREBY CERTIFY, That I attended deceased from July 30, 19 28, to Oct. 14, 19 28, that I last saw him alive on October 14, 19 28, and that death occurred, on the date stated above, at 10:30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

(duration) 3 Hrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma, emphysema, chr. bronchitis (duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) B.F. Townsend M. D.

10/15/28 (Address) U.S. Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL 10/17 1928

20 UNDERTAKER Philip Hennig — ADDRESS 206 Orleans St

TION is very important

pec.—1-10-21—M&T—1500 Bks.

E 38354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38354

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hospt ST. 27-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella Warfield

(a) RESIDENCE NO. 418 Kathland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph M. Warfield

6 DATE OF BIRTH (month, day, and year): Feb 3, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Emanuel Hocker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eliz. Cutty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Hospt Records.

15 Filed OCT 16 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 17, 1928, that I last saw her alive on Oct 17, 1928, and that death occurred, on the date stated above, at 10:48 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 10/2/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A. Wyeth Jr. M. D.

, 19 (Address) John Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Oct 17 1928

20 UNDERTAKER: George F. Smith — ADDRESS 153 W Fallsway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 38355 E 38355

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 3806 Edgerton Rd St. 15-62 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Prechtel.

(a) RESIDENCE NO. 3806 Edgerton Rd Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sadie Strauss Prechtel (SADIE)

6 DATE OF BIRTH (month, day, and year): May 21 - 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	54	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo F. Prechtel

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Schillinger

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Harry Prechtel.

(Address): 3606 Garrison Blvd

15 Filed ..... 19 .....

Registrar

C. HAMPSON JONES, M.

OCT 15 1928

CORONER'S CERTIFICATE OF [illegible]

16 DATE OF DEATH (month, day, and year): Oct 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. E. Leuck M. D.

(Coroner)

(Address) North Ave & Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial Oct 16 1928

20 UNDERTAKER: George J Smith ADDRESS 1532 Hollins St

—1-12-23—M&T—500 Blks.

E 38356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38356

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 2106 Callow Ave. WARD 13-54 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Cornelia Dunham

(a) RESIDENCE NO. 2106 Callow Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) June 26-1849

AGE Years 79 Months 3 Days 19

If LESS than 1 day, hrs. or.... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER John Dunham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Dunham

(Address) 2106 Callow Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Oct 14 1928, that I last saw h alive on Oct. 14 1928 and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No, Thereon

What test confirmed diagnosis?

(Signed) Dr. A. Darnall, M. D.

19 (Address) 3543 Sheriff, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Oct 16 1928

20 UNDERTAKER W J Pearson Sons ADDRESS Balto

Spec—12-23-21—E.B.R.S.—400 Blks.

E 38357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 38357

1-PLACE OF DEATH

City of BALTIMORE: (No. 1532 Hanover St. 23-52 Ward)

Registered No.

2-FULL NAME George F. Volkman

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1532 Hanover St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary A. Volkman

6-DATE OF BIRTH (month, day and year) Aug 5 1874

7-AGE. 34 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) J. M. Cushing & Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Volkman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Elizabeth Lieper

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14-

(Informant) Mary A. Volkman

(Address) 1532 Hanover St

15-

Filed OCT 16 1928 HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10/15/28.

17- I HEREBY CERTIFY, That I attended deceased from Aug 1928 to Oct 10 1928

that I last saw h[illegible] alive on Oct 10 1928

and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) F. H. Erlenbusch M. D.

Oct 16 1928 (Address) 916 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Westminster Cem. DATE OF BURIAL, Oct 16 1928

20-UNDERTAKER, L. Kaufman ADDRESS 38 North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 38358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135

L 38358

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-67 WARD)

2-FULL NAME Chas. Hirsch

(a) RESIDENCE NO. Rivera apts 6E ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Rose Hirsch

6 DATE OF BIRTH (month, day, and year): Nov. 2 1872

7 AGE — Years: 55 — Months: 11 — Days: 13 — If LESS than 1 day, hrs. or min.: 12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Abraham Hirsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Babette Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Sara Hirsch

(Address): Rivera Apts.

15 Filed 10 1928 C. HAMPSON JONES, M. D. Registrar

191 130

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1928 to 10-14 1928

that I last saw him alive on 10-14 1928

and that death occurred, on the date stated above, at 8:05 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy 2

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pyelo-nephritis, uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? (Terminal) Unknown

Did an operation precede death? yes Date of Prostatectomy 10-8-28

Was there an autopsy? no

What test confirmed diagnosis? Operation & Laboratory

(Signed) ..... M. D.

1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 10/16/1928

20 UNDERTAKER: Harry Sondheim

ADDRESS: 115-20 W. Mt. Royal Ave

—1-12-23—M&T—500 Blks.

38359

HEALTH DEPARTMENT—CITY OF BALTIMORE

38359

CERTIFICATE OF DEATH.

97-002

REGISTERED NO.

1-PLACE OF DEATH

16-26

CITY OF BALTIMORE: (No. 1018 Edmondson Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Southall

(a) RESIDENCE NO. 1018 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mazie Price

DATE OF BIRTH (month, day, and year) Jan. 4, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
29	10	9	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Merchants and Miners

(c) Name of employer Transportation Co.

9 BIRTHPLACE (city or town) (State or country) Murffreesboro N. C.

PARENTS

10 NAME OF FATHER Corprew Southall

11 BIRTHPLACE OF FATHER (city or town) Murffreesboro (State or country) N. C.

12 MAIDEN NAME OF MOTHER Willie A. Weaver

13 BIRTHPLACE OF MOTHER (city or town) Mutffreesboro (State or country) N.C.

14 Informant Lewis Southall (Address) 9, W. 117 St. New York, N.Y.

15 Filed OCT 16 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Oct. 12, 1928, that I last saw him alive on Oct. 12, 1928, and that death occurred, on the date stated above, at 9:10 a.m.

The CAUSE OF DEATH* was as follows:

Septecemia

(duration) 18 yrs. mos 10 ds

CONTRIBUTORY (Secondary) Sinusitis Antrum of Hymore (duration) yrs. mos 13 ds

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examinatio

(Signed) Walter J. Jackson, M. D

(Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cemetery

DATE OF BURIAL 10-16-28

20 UNDERTAKER Sam H Toadvine

ADDRESS 1015 Druid Hill Ave

ec.—1-12-23—M&T—500 Blks.

E 38360

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 38360

CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 5-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

2-FULL NAME Morgan Lester

(a) RESIDENCE NO. x 32 no front ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 17 1859

7 AGE: Years 68 | Months 10 | Days 1 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed ..... 8 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-6 , 1928 , to 10-13 , 1928 ,

that I last saw him alive on 10-13 , 1928 ,

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardio Fibrosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) A. M. Heath M. D.

1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Oct. 16 1928

UNDERTAKER: Peter Cook

ADDRESS

2-29-28—L. F. S.—500 Blks.

E 38361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ E 38361

—PLACE OF DEATH

TY OF BALTIMORE: (No.) 706 Harfordave. 10-14 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Schield Klummer

(a) RESIDENCE NO. 706 Harford Ave. WARD
(Usual place of abode)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Francis Summers

ATE OF BIRTH (month, day, and year) October 1883

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer. Jr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Charlotte N. C.

10 NAME OF FATHER Anderson Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Sarah A. Stamey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Francis Summers

(Address) 706 Harfordave.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13/28.

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 13, 1928, that I last saw him alive on Oct 12, 1928 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

10/16, 1928 (Address) 533 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Oct. 16, 1928

20 UNDERTAKER Mrs R. C. Elliott — ADDRESS 725 Eastlund Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38362

1-PLACE OF DEATH

City of BALTIMORE: (No. 884 Tyson St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Lee

(a) RESIDENCE NO. 884 Tyson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mildred Lee

6 DATE OF BIRTH (month, day, and year): Dec. 27-1882

7 AGE: Years 45 Months 9 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Arture Lee

11 BIRTHPLACE OF FATHER (city or town): East Carolina

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mildred Lee

(Address) 884 Tyson St.

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Oct 14 1928 H. E. Lunk M. D.

(Address) North Ave & Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem Date of Burial Oct 16 1928

20 UNDERTAKER: Walter Dunn ADDRESS 1913 N Ave

H. E. LUNK, M. D.

c.—I-12-23—M&T—500 Bks.

E 38363 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38363

CERTIFICATE OF DEATH.

11-64 24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Erdman Ave ST. 16 WARD)

2-FULL NAME Matthew Aloysius Creighan

(a) RESIDENCE No. 2108 Erdman Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Hannah I Creighan

DATE OF BIRTH (month, day, and year) 9 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	—	14	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Thos Creighan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Carl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hannah Creighan

(Address) 2108 Erdman Ave

15 Filed OCT 16 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14th, 1928, to Oct. 15th, 1928, that I last saw him alive on Oct. 14th, 1928 and that death occurred, on the date stated above, at 12 30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis Sclerosis. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Examination.

(Signed) H Kennedy Smith, M. D.

, 19 (Address) 3006 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 10/17 1928

20 UNDERTAKER J. F. Schaefer Sons

ADDRESS 13 E Eager St

...—1-12-23—M&T—500 Blks.

E 38364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38364

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 11-20 ST., WARD)

2-FULL NAME Alice Thomas

(a) RESIDENCE No. 1505 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

6 If married, widowed, or divorced (HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
39				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jim Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-22, 1928, to 10-9, 1928, that I last saw h[illegible] alive on 10-9, 1928 and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute
Myocardial Insufficiency

(duration) yrs. 2 mos ds

CONTRIBUTORY (Secondary) Unknown Chr Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. M. Hyde, M. D.

, 19 (Address) BALTIMORE CITY HOSP

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant BALTIMORE CITY HOSP (Address)

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 10/11/28

20 UNDERTAKER John J. Kelly Sons

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38365 ✓ E 38365

199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklyn-St Hospital St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Lillian E. Saylor

(a) RESIDENCE NO. 2508 Greenmount Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis A. Saylor

6 DATE OF BIRTH (month, day, and year): September 12, 1890

7 AGE: Years 38 Months 1 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Saulsbury

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lidia Anderson

12 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant: Louis A. Saylor

(Address) 2508 Greenmount

15 Filed Oct 18 1928 H. HARRISON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Gangrenous Endometritis

Recent Peritonitis

Broncho-Pneumonia

2 months confined to bed

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) C. Reese Fisher M. D.

(Coroner)

10/16 1928 (Address) Brooklyn, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. Date of Burial: Oct. 17, 1928

20 UNDERTAKER: E. Leroy Stiffler ADDRESS: 125 E. North ave

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38366

CERTIFICATE OF DEATH

16 E 38366

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5 N Bruce ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Phillip Brown

(a) RESIDENCE NO. 5 N Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen E Brown

DATE OF BIRTH (month, day, and year): 12-1845.

AGE: 82 Years 10 Months Days — If LESS than 1 day, hrs. or min.

83

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Not any

(b) General nature of industry, business, or establishment in which employed (or employer): Not any

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Louisiana

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Matilda Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Ellen E. Brown

(Address): 5 N Bruce St

Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925 to Oct 15 1928, that I last saw him alive on Oct 14 1928 and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Eastwood M. D.

19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Peter Cem — DATE OF BURIAL: 10-16 1928

20 UNDERTAKER: Daniel Eastburn Sons & Co — ADDRESS 516

—2-29-28—L. F. S.—500 Bks.

E 38367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38367

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4005 Belle Ave (WARD) 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia A Traina

(a) RESIDENCE NO. 4005 Belle Ave.
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Owen Traina

DATE OF BIRTH (month, day, and year): Oct 14 1833

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90		2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At H

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Martin Hedman

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Hedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Jane L West

(Address) 4005 Belle Ave

Filed: 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 28

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to Oct 16, 1928, that I last saw her alive on Oct 15, 1928, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

CONTRIBUTORY (Secondary) old age (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) 90 yrs. mos. ds. home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. C. Heaver, M. D.

10/16 1928 (Address) 1901 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 18 1928

20 UNDERTAKER: William Cahoon — ADDRESS: 502 E Madison

E 38368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 38368

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3014 McElderry ST. 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME CHRISTIAN KERBER

(a) RESIDENCE No. 3014 McElderry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kerber

DATE OF BIRTH (month, day, and year) August 11, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Superintendant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Central Foundary, Dundalk.

8 BIRTHPLACE (city or town) Balti ore
(State or country) Maryland

10 NAME OF FATHER John Kerber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna B. Eichmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mrs. Anna Kerber (Wife)
(Address) 3014 McElderry Street

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to Oct 13, 1928, that I last saw him alive on Oct 13, 1928 and that death occurred, on the date stated above, at 7.35 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Over)

CONTRIBUTORY (Secondary) Enlarged Prostate (duration) yrs 6 mos ds.

(duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. F. Hoach, M. D.

10/16 1928 (Address) 3907 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Oct. 17, 1928

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST. & BROADWAY

JOSEPH C. HAMPSON JONES, M. D.

.—2-29-28—L. F. S.—500 Bks.

Lafferty ✓

E 38369 · HEALTH DEPARTMENT—CITY OF BALTIMORE · E 38369

52

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 20-27

CITY OF BALTIMORE: (No. 1822 W. Fayette ST. (OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Lafferty

(a) RESIDENCE NO. 1822 W. Fayette ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Patrick H. Lafferty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth E. Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Pa.

Informant Mrs. Rechel E. Duggan

(Address) 1822 W. Fayette St.

Filed 1928 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from February 29, 1928, to October 15, 1928, that I last saw h alive on October 15, 1928 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 5 Yrs.

Arthritis Deformans

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Vansant Cullen, M. D.

10/ /, 1928 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 10/18/ 1928

20 UNDERTAKER Henry W. Meare & Son

ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

38370

HEALTH DEPARTMENT—CITY OF BALTIMORE

38370

CERTIFICATE OF DEATH.

16-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Byrd ST. 24-34 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Adam Reinhardt Jr

(a) RESIDENCE No. 1711 Byrd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 16 1928

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER John A Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Marie Hoetel Oct 16 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Father

(Address)

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 16 . 1928 . to . 19 .

that I last saw him alive on Oct 16 . 1928 .

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Infant

(7 m. 2.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J A Reinhardt M. D.

(Address) 3100 Fairfield Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL Oct 17 1928

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38371 E 38371

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 N Gilmor ST. 15-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. L. Lewis

(Residence in Baltimore: No. 1341 N Gilmor St.; 10 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 6 (Day) 1845 (Year)

7-AGE 33 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamdom
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernice Roberts

(Address) 1341 N. Gilmor St.

15-

Filed 10-17-, 1928 C.H.H.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 14 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-12- 1928, to 10-14- 1928, that I saw h[illegible] alive on 10-11- 1928, and that death occurred, on the date stated above, at 2P, m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Verified by autopsy 10-17-28 F.H.Cardozo

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ~~Inhalation Poison of fumes~~

(Duration) yrs. mos. ds.

(Signed) F.H.Cardozo M. D.

10-15-28 1928 (Address) 1524 D Hillsave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? autopsy reveals no gas poisoning

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. North Humberland co Va

DATE OF BURIAL. Oct. 17., 1928

20-UNDERTAKER Thomas E Kelson

ADDRESS 1203 Pennsylvania Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38372

CERTIFICATE OF DEATH.

100-001

E 38372

1-PLACE OF DEATH

City of BALTIMORE: (No. 1319 Madison St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvin Harris

(a) RESIDENCE NO. 1319 Madison St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-15-28

7 AGE: Years | Months 4 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Elmer Harris

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Harris

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Catherine Harris

(Address) 57 Hoffman St

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13 1928, to Oct 14 1928, that I last saw him alive on Oct 14, 1928, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Primary)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marcella E Corey, M. D.

, 19 (Address) 1715 N Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Oct 17 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Priestman St

oc.—1-12-23—M&T—500 Blks.

E 38373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 ✓ E 38373

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 22 WARD)

2-FULL NAME Martina Pinder

(a) RESIDENCE NO. 643 W. Lee ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

6a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Esther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-11, 1928, to 10-15, 1928, that I last saw her alive on 10-15, 1928, and that death occurred, on the date stated above, at 2.0 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertention

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab -

(Signed) R. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Oct 18 1928

20 UNDERTAKER John H Joseph — ADDRESS 1027 Druid Hill

OCT 17 1928 H. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 38374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60 E 38374

REGISTERED NO. 417

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital WARD)

2-FULL NAME Mathew J. Rehak

(a) RESIDENCE NO. Parkersburg W. Va. St.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Rehak

6 DATE OF BIRTH (month, day, and year): July 6, 1897

7 AGE: Years 31 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Parkersburg W. Va Refining Works.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sparrow Point

PARENTS

10 NAME OF FATHER: Steven Rehak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Rehak 1019 S. Elwood ave

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/16 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Oct 16, 1928, that I last saw him alive on 10/16, 1928, and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Pancreatic adenoma + hypoid

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Leukemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Oct 1-6-15

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Thompson, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 19, 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 300 E. Balto.

.—2-29-28—L. F. S.—500 Bks.

E 38375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 38375

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 526 S. Potomac ST. 1-2 WARD)

2—FULL NAME Herman Miller

(a) RESIDENCE NO. 526 S. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Miller

DATE OF BIRTH (month, day, and year): Nov. 11, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	11	2 3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Can Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Samuel C. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Schiedmayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Mrs. Miller

(Address): 526 S. Potomac St.

Filed OCT 17 1928 19 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 14/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 1928 to Oct 14 1928

that I last saw h[illegible] alive on Oct 13 1928

and that death occurred, on the date stated above, at 4 20 p m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Valvular Dis Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chas. S. Mier, M. D.

10/14/28 (Address) 408 S Pac & Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemty

DATE OF BURIAL: Oct. 18 1928

20 UNDERTAKER: John A. Moran

ADDRESS: 300 E. Balto St

Spec—12-23-21—E.P.R.S.—400 Bks.

E 38376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 E 38376

1-PLACE OF DEATH

City of BALTIMORE: (No. 3320 Ellerslie Ave St. 41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Mc Quade

(a) Residence No. 3320 Ellerslie Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~ Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Mary Mc Quade

6-DATE OF BIRTH (month, day and year) Aug 12-1855

7-AGE. 73 yrs. 2 mos. 4 ds. UNLESS less than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Thomas Mc Quade

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Cathern Mc Kenna

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Ireland

14-(Informant) Mary Mc Quade

(Address) 3320 Ellerslie Ave.

15-Filed OCT 17 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 16, 1928

17-I HEREBY CERTIFY, That I attended deceased from Sept. 22 1928 to Oct 16 1928 that I last saw h[illegible] alive on Oct 16 1928 and that death occurred, on the date stated above, at 9:25 P. M.

The CAUSE OF DEATH* was as follows:

La Grippe

Arteriosclerosis, Chr. Int. Nephritis, Chr. Myocarditis,

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia Acute Cardiac Dilatation

(Duration) yrs. mos. 15 ds.

18-Where was disease contracted if not at place of death? Pittsburg, Pa.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop M. D.

Oct 16, 1928 (Address) 501 Shelldale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pittsburg Pa. DATE OF BURIAL. Oct 20, 1928

20-UNDERTAKER. John A. McRan ADDRESS 3000 E. Balto.

...—1-12 23—M&T—500 Bks.

Haring (Hearn)

HEALTH DEPARTMENT—CITY OF BALTIMORE

38377

CERTIFICATE OF DEATH.

10-001

E 38377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Linn St. Fairfield Md ST., 25-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kill Haring Calel Haring

(a) RESIDENCE: No. 3324 Linn St. Fairfield Md ST., ... WARD Fairfield Md.

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	S.

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
44		?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER George Haring

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Brooks

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Brother

(Address) 3326 Linn St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1928, to Oct 15, 1928, that I last saw him alive on Oct. 15, 1928, and that death occurred, on the date stated above, at 3 17 m.

The CAUSE OF DEATH* was as follows:

Bulater Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Tapeworm

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Calvin B. Lalompette, M. D.

, 19 (Address) 814 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Branch Cem

DATE OF BURIAL 6 9 7.28

UNDERTAKER

ADDRESS 1515 Mc Elderry Robert O Williams

61 L L 130. C. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

38378 HEALTH DEPARTMENT—CITY OF BALTIMORE 38378

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2876 Pelham ave. ST.) 845 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Henry & Alberta Ulrich

(a) RESIDENCE NO. 2876 Pelham ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 14/28

7 AGE — Years | Months | Days: 1/4 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry J Ulrich Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Tilney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Henry J Ulrich Jr

(Address) 2876 Pelham ave

15 Filed Oct 17 1928, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Oct 15, 1928.

that I last saw h[illegible] alive on Oct 15, 1928,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Maternal Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there no autopsy?

What test confirmed diagnosis?

(Signed) Alma B Lennan M. D.

10/15 19 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: John Hopkins Med School

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

Saries

E 38379

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 38379

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 N. High St. 5-8 Ward)

2-FULL NAME James Saries

(a) RESIDENCE NO. 219 N. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: — — —

6 DATE OF BIRTH (month, day, and year): ? ? 1883

7 AGE: Years 44 - about | Months | Days ? | IF LESS than 1 day ..... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lunch Room Prop.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Greece

PARENTS

10 NAME OF FATHER: Mack Saries

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mr. Solaris Cousin

(Address): Baltimore

15 Filed ... 19 ... C. HAYDEN JONES, M. D. Registrar

OCT 17 1928

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): (Oct) 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) W. Kelly M. D.

(Coroner)

Oct 17 1928 (Address) 1639 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: Oct. 17 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St & Broadway

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38380 E 38380

CERTIFICATE OF DEATH.

46

REGISTERED NO. E 38380

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 406 S Bouldin St. 26-7 (WARD)

2-FULL NAME Augusta Gabauer

(a) RESIDENCE NO. 406 S Bouldin ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	58	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Domt know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Cora A. N. Gabauer (Address) 406 S Bouldin St

15 Filed OCT 17 1928 19 E. HAWSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Oct 15, 1928, that I last saw her alive on Oct 15, 1928, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Malignant Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Observation

(Signed) Hassee B Tillow, M. D.

10/16, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Oct 17 1928

20 UNDERTAKER John Ullrich ADDRESS 208 Caliano

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38381 — 90 — E 38381

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., 17-24 WARD) (See other side for certificate)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Delaney

(a) RESIDENCE NO. 642 Green Willow ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Johnson

6 DATE OF BIRTH (month, day, and year) Mar [redacted] 1897

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
31	7	7 &	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Helen Brown (sister)

(Address) 642 Green Willow St

15 Filed [illegible], 1928 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 13, 1928, to Oct 15, 1928, that I last saw h[illegible] alive on Oct 15, 1928 and that death occurred, on the date stated above, at 3.05 A m.

The CAUSE OF DEATH* was as follows:

Acute rheumatic endocarditis with mitral insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) Elizabeth B Shannon M. D.

10/15, 1928 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion, Balto

DATE OF BURIAL Oct 18 1928

20 UNDERTAKER Edward Hanisley

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38382

CERTIFICATE OF DEATH.

84 E 38382

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital S., 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE NO. 1526 Druid Hill Ave., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Johnson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles H. Hawkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Betty Shorts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant William P. Johnson

(Address) 1526 Druid Hill Ave. L. D.

15 Filed ....., 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feldman, M. D. (Coroner)

10/15 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Oct 17 1928

20 UNDERTAKER Samuel Abernethy ADDRESS Balto

...c.—2-29-28—L. F. S.—500 Bks.

17333 E 38383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38383

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 26-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Schoefflin

(a) RESIDENCE NO. 5-14 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Life How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary (Hohnkam)

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Jacob Schoefflin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 17 1928, 19 H. CARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13-1928

17 I HEREBY CERTIFY, That I attended deceased from August 29, 1928, to October 13, 1928, that I last saw h[im] alive on October 13, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

Mitral stenosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary infarction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Anne Bradley [illegible], M. D.

10-13-1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct. 7 1928
20 UNDERTAKER John G. Connelly	ADDRESS Essex

Dec.—1-12-23—M&T—500 Blks.

E 38384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38384

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18-29 ST. [illegible] WARD)

2-FULL NAME John Mc Geary

(a) RESIDENCE No. 129 S Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) wid

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of- the late Annie Mc Geary

6 DATE OF BIRTH (month, day, and year) Unknown 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Peter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 17 1928 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-19, 1926, to 10-16, 1928, that I last saw h[illegible] alive on 10-16, 1928, and that death occurred, on the date stated above, at 7.29 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

Emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Stuck, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem

DATE OF BURIAL Oct 19 28

20 UNDERTAKER John J Cowan Son

ADDRESS [illegible]

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 38385

1-PLACE OF DEATH E 38385 REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 16-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Cook #1

(a) RESIDENCE NO. 637 N. Calhoun St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 14, 1928

7 AGE Years Months Days IF LESS than 1 day 2 hrs. 30 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country) Md

PARENTS

10 NAME OF FATHER Anthony Linton Cook

11 BIRTHPLACE OF FATHER (City or town) Altoona

(State or country) Penn

12 MAIDEN NAME OF MOTHER Ida Bella Brenner

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg

(State or country) Penn.

14 Informant Parents

(Address)

15 Filed ..... 19 .....

OCT 17 1928 C. HAMPSON JONES

2877

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw her alive on Oct. 14 19 28,

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity - 6½ months.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Winstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER: Commissioner Health.

Per Wm E WOODALL

ADDRESS

OCT 17 1928

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38386 **CERTIFICATE OF DEATH** 161-001 E 38386

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Cook #2

(a) RESIDENCE NO. 697 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 14 1928

7 AGE Years Months Days IF LESS than 1 day 2 hrs. or 30 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Anthony Linton Cook

11 BIRTHPLACE OF FATHER (City or town) Altoona

(State or country) Penn.

12 MAIDEN NAME OF MOTHER Ida Bella Brenneman

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg

(State or country) Penn.

14 Informant Parents.

(Address)

15 Filed OCT 17 1928, 19 [illegible] Registrar

2878

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw her alive on Oct. 14, 1928 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity — 6½ months

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. S. Winstead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D. Commissioner of Health

OCT 17 1928

rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38387

CERTIFICATE OF DEATH.

60-001

38387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Reisterstown Rd. ST. WARD)

2-FULL NAME Emma Florence Grimes

(a) RESIDENCE No. 4122 Reisterstown Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank S. Grimes

6 DATE OF BIRTH (month, day, and year): Oct. 1 1853

7 AGE — Years: 75 — Months: 0 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredk. Co. Md.

PARENTS

10 NAME OF FATHER: John Koutzaku

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Celeffes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Miss Bettie Grimes (Address) 4122 Reisterstown Rd

15 Filed , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1928, to Oct 16, 1928, that I last saw her alive on Oct. 16, 1928, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Goiter toxic type

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S Adelmost M. D.

Address 4012 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Oct. 20, 1928

20 UNDERTAKER: Wm. J. Pickuel & Sons — ADDRESS: Norrdth

Spec.—1-10-21—M&T—1500 Bks.

E 38388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38388

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md. Gen. Hosp.

CITY OF BALTIMORE: (No. ..... ST. 1622 WARD)

2-FULL NAME Mrs. Ada Mayhew

(a) RESIDENCE No. 1828 W. Lafayette Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin L Mayhew

6 DATE OF BIRTH (month, day, and year)

7 AGE: About 69 Years ..... Months ..... Days ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10 NAME OF FATHER: Irish

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey

14 Informant: Hospital Record

(Address)

15 Filed ..... 1928 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-9-1928 to 10-16-1928, that I last saw her alive on 10-16-1928, and that death occurred, on the date stated above, at 10:43 A m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) (3) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos A Scott M. D.

(Address) 16 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 18 1928

20 UNDERTAKER: H. Gittings — ADDRESS: Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38389 ✓ 90 E 38389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hosp. — REGISTERED NO. 90-27

CITY OF BALTIMORE, (No. Calhoun & Fayette ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Molly Brown) Mary Kennedy. —

(a) RESIDENCE NO. 1801 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 13-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 ~~75~~	8	3	

8 OCCUPATION OF DECEASED ✓

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna. —

PARENTS

10 NAME OF FATHER Jas N. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Gibson 10/16

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm. T. Smith

(Address) 317 N. Carrollton

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

17 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928, to Oct. 16, 1928, that I last saw h alive on Oct. 15, 1928 and that death occurred, on the date stated above, at 1:40 A. m.

The CAUSE OF DEATH* was as follows:

Generalized arterio-Sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral oedema

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.

(Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 18 1928

20 UNDERTAKER Wm J Tickner & Son — ADDRESS N. Y & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 38390 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38390

REGISTERED NO. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Howard & Madison ST. 15th WARD)

2-FULL NAME Ruth Louise Price

(a) RESIDENCE NO. 3608 Clifton ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 3, 1917

7 AGE: Years 11 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Longley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): .....

14 Informant: Hospital Record

(Address): C. HAMPSON JONES, M. D.

15 Filed Oct 17 1928, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Oct 16, 1928, that I last saw h— alive on Oct 16, 1928, and that death occurred, on the date stated above, at 3:10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lung abscess (duration) yrs. mos. 10 ds.?

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Sept 23, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Kaiserlingen, M. D.

9/16, 1928 (Address) Md. Gen. Hos.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Oct. 18 1928

20 UNDERTAKER: Wm J Tucker & Sons — ADDRESS: N & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 38391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38391

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. 117-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Cecil Jones

(a) RESIDENCE NO. 2207 Huntingdon Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13-1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. A. Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Margaret Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant (Address) Hospital Record.

15 Filed OCT 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11 1928 to Oct. 16 1928, that I last saw him alive on Oct 16 1928, and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Sanguenous Appendicitis

(duration) 0 yrs 2 mos 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia - Fatal

(duration) 0 yrs 2 mos 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 11, 1928.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Young M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 10/19 1928

UNDERTAKER Chas P. Braue & Son ADDRESS 1180 W Baltimore St

CHARLES H. JONES, M. D.

rec.—2-29-28—L. E. S.—500 Bks.

38392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162 ✓ E 38392

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 519 ½ Potomac ST., 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Finnegan

(a) RESIDENCE NO. 519½ Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, and year) 10-11-28

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				25

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Female

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Edw. J. Finnegan

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Eichorn

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Edw. J. Finnegan
(Address) 519 ½ Potomac

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

7 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11-28

17 I HEREBY CERTIFY, That I attended deceased from 10-7, 19 28, to 10-11, 19 28, that I last saw h[illegible] alive on 10-11, 19 28 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Coryza ?

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Kidd, M. D.

10/11, 19 28 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Harford & Bentley Road

DATE OF BURIAL Oct 17, 1928

20 UNDERTAKER Edmund W. Conklin

ADDRESS 924 E Eager St.

...ec.—2-29-28—L. F. S.—600 Bks.

8459
E 38393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001 ✓ E 38393

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., 6-9 WARD)

2—FULL NAME Baby Hess

(a) RESIDENCE NO. 207 N. Lincoln ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 8 28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1/24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

BIRTHPLACE (city or town) Md —
(State or country)

10 NAME OF FATHER Andrew Hess

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Balto

12 MAIDEN NAME OF MOTHER Helen Jones

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Balto

14 Informant Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 C. HAMPSON JONES, M. D.
Oct 17 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 16, 1928, that I last saw h-er alive on Oct 16, 1928 and that death occurred, on the date stated above, at 12 20 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

2 weeks (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) James A. Miller, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 17 1928
20 UNDERTAKER	ADDRESS
Frank Brockdon	1900 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38394

CERTIFICATE OF DEATH.

90 E 38394

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2224 Eastern Ave (Ward) 23

2-FULL NAME Frank Szczypinski

(a) RESIDENCE NO. 2221 Eastern St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Mary Szczypinski

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at Home

9 BIRTHPLACE (city or town):

(State or country): Poland

10 NAME OF FATHER: John Szczypinski

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

PARENTS

14 Informant: Mary Szczypinski

(Address) 2224 Eastern a

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary Date of Burial Oct 19 28

UNDERTAKER: F. W. Szczepanski ADDRESS 1930 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

(Moynihan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38395

CERTIFICATE OF DEATH.

E 38395

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Baltimore Gen'l Hosp. (STREET OR WARD)

REGISTERED NO. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Andrew Humphrey Moynihan

(a) RESIDENCE NO. 1513 Light ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 28, 1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
56	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman (Gate)

(b) General nature of industry, business, or establishment in which employed (or employer): R. R.

(c) Name of employer: Western Maryland R.R.

9 BIRTHPLACE (city or town) (State or country): Driftwood Penna.

PARENTS

10 NAME OF FATHER: Humphrey Moynihan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Margaret Crowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland (?)

14 Informant (Address): Mrs. Long 1513 Light St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-5, 1928, to 10-16, 1928, that I last saw h[illegible] alive on 10-16, 1928, and that death occurred, on the date stated above, at 3:08 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Right)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Retention due to Chronic Prostatitis (duration) [redacted] yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes (Hampton Drury) Autopsy

What test confirmed diagnosis?

(Signed) Sydney Wallerstein, M. D.

, 19 (Address) 2042 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marion Md. Via Crisfield

DATE OF BURIAL: Oct 18 1928

20 UNDERTAKER: A. Lowndes Evans

ADDRESS: 1 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38396 ✓ × 44 E 38396

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 N. Calhoun St. 6-22 Ward)

2-FULL NAME Rebecca Patterson

(a) RESIDENCE NO. Charlestown W. Va. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas F. Patterson

6 DATE OF BIRTH (month, day, and year): Feb 14-1869

7 AGE: Years 59 Months 7 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown W. Va.

(State or country)

PARENTS

10 NAME OF FATHER John Thornton

11 BIRTHPLACE OF FATHER (city or town) W. Va.

(State or country)

12 MAIDEN NAME OF MOTHER Nancy Hill

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant (Address) Pauline Randolph Charlestown W. Va.

15 Filed..... 19..... Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Liver

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. E. Lewis M. D.

(Coroner) , 19 (Address) 1018 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charles Town W. Va. Date of Burial Oct 18 1928

20 UNDERTAKER: Samuel H. Kennedy ADDRESS 578 N. Bdle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38397

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

181-E 38397

REGISTERED NO.

City of BALTIMORE: (No. 227 N. Duncan St St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew Machovec

(a) RESIDENCE NO. 227 N. Duncan St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Machovec

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) (Common)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Machovec

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Barbara Machovec

(Address) 227 N. Duncan St

15 Filed 1928 C. HAMPSON JONES, M. D.

By: NRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Illuminating Gas

Asphixiation

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Owens, M. D.

(Coroner)

10-17-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

227 N. Duncan St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Oct 19 1928

20 UNDERTAKER Frank Corcoran Son ADDRESS 1100 Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38398

CERTIFICATE OF DEATH.

E 38398

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Hazel Patterson

(a) RESIDENCE NO. Emmitsburg St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Md

PARENTS

10 NAME OF FATHER Ursula Patterson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Virginia Ebersole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs W. C. Bennett

(Address) 1213 Belvedere Ave

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Unknown

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

(Signed) C. Hampson Jones M. D.
(Coroner)

11/19, 1928 (Address) Frederick Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Emmitsburg Md

Date of Burial Oct. 18 1928

20 UNDERTAKER W. F. Shuff & Son

ADDRESS Emmitsburg Md

Very Important: Be sure that every item is correctly and completely answered.

1928 C. HAMPSON JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38399 — 188-001 — E 38399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 24-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Robinson

(a) RESIDENCE NO. 1714 Webster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freda Robinson

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	45	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R. Co.,

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Robinson

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Freda Robinson

(Address) 1714 Webster St.,

15 Filed 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing injury to Left Arm.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D.

(Coroner)

10/17/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? Riverside yards of B. & O. R.R.Co.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 10/19/1928

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1936 Lafayette Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38400

CERTIFICATE OF DEATH.

31 E 38400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 7.B.4 (WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Woznick

(a) RESIDENCE NO. 805 S. Broadway ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53		-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Woznick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to Oct. 16, 1928, that I last saw him alive on Oct. 16, 1928, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith, M. D.

10-17-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosary Cat

DATE OF BURIAL 19 1928

20 UNDERTAKER John McVeigh

ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Blks.

E 38401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38401

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Gay ST. 10-13 WARD)

2-FULL NAME Birdsall C. Eldridge

(a) RESIDENCE No. 1033 N. Gay ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 17 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	63	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lather

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm H. Eldridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Charlotte Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs C. Price
(Address) 1033 N. Gay St

15 Filed 7 1928 C. HAMPSON JONES, M. D. Registrar
by .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Oct 16, 1928, that I last saw h[illegible]ive on Oct 15, 1928, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W White Jr M. D.
10/17. 1928 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Oct 18 1928

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38402 129 38402

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1140 Battery ave ST. 24-33 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. F Raunft

(a) RESIDENCE NO. 1140 Battery ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Raunft

6 DATE OF BIRTH (month, day, and year) May 28 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. Raunft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eva M Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lillian Raunft
(Address) 1140 Battery ave

15 Filed OCT 13 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10 1928 to October 15 1928.
that I last saw h alive on Oct. 15 1928.
and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Norbert M. D.

10/16/1928 (Address) 1279 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL 10-18 1928

20 UNDERTAKER Ernest Harder ADDRESS 116 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 38403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38403

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. ST. 25-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Jenkins

(a) RESIDENCE NO. 4020 Pennsylvania Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13th 1928

7 AGE 10 Minutes Years Months Days If LESS than 1 day, hrs. or min.

Six Months to 2000

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Abby Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Estella Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address)

15 [illegible], 19 [illegible] Registrar

ACH 2875

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1928, to Oct 13, 1928, that I last saw h/ Native on Oct 13, 1928 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows: Therapeutic Abortion induced on mother for Miliary Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theodore Voelcker M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D.

COMMISSIONER OF HEALTH

OCT 16 1928

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38404

CERTIFICATE OF DEATH

31 ✓

E 38404

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 11 E. Ware. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Outward Prince

(a) RESIDENCE NO. 11 East Ware St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Prince

6 DATE OF BIRTH (month, day and year) 1898

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	30	~~1898~~		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bath

(State or country) Me

PARENTS

10 NAME OF FATHER James E Outward

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Eighath Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs May Green

(Address) 92 West st

15 Filed ....., 19 .....

Registrar

OCT 13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 16 - 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 11, 19 28, to 10/16 - 19 28.

that I last saw h alive on 10-15, 19 28,

and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

June 7/11 to 10/15/28

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 5 ds. 4

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J T Boyden, M. D.

. 19 (Address) 1618 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Calvary Cemetery Oct 18 19 28

20 UNDERTAKER — ADDRESS

Robert E Williams 1515 McElderry

"

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38405

CERTIFICATE OF DEATH.

1926

E 38405

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 Eastern Ave Ward 14 Ward 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Collins

(a) RESIDENCE NO. ~~1101~~ 701 Mather St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Collins

6 DATE OF BIRTH (month, day, and year): Feb 15 - 1881

7 AGE: Years 47 Months 8 Days ~~1~~ dy. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: C. & P. Co.

9 BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER: R. Collins

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Susan Pinder

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

PARENTS

14 Informant: Mrs. Collins

(Address): 701 Mather

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Oct 19-26 (Inquest, autopsy or inquiry.) thereon as follows from the evidence obtained by said Coroner and ~~I~~ find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocution at Penn. Ave. 1 Ft. Eastern Ave

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Accident

(duration) ..... yrs. ..... mos. ..... ds.

Oct 17. (Signed) ..... M. D.

(Coroner)

, 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greus Chapel & Co Date of Burial 10-19 1926

20 UNDERTAKER: Wm. H. Case & Son ADDRESS 1400 Mather

OCT 19 1926

C. W. SHOCKNESSY

...c.—2-29-28—L. F. S.—500 Bks.

E 3840 HEALTH DEPARTMENT—CITY OF BALTIMORE 91-003 E 38406

CERTIFICATE OF DEATH

1—PLACE OF DEATH Hebrew Imanuel Home REGISTERED NO.

CITY OF BALTIMORE: (No. 2100 E. Balto ST. 6-10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Meyer Glassman

(a) RESIDENCE NO. 2100 E. Balto ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie B.

DATE OF BIRTH (month, day, and year)

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mts.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Louis Glassman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1434 E Balto.

15 Filed OCT 23 1928 JOSHUA ALEXSON JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-28

17 I HEREBY CERTIFY, That I attended deceased from June, 1926 to Oct 16, 1928, that I last saw h... alive on ... 19 ..., and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Thrombo-angiitis obliterans.

... (duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Samuel Rosenbloom, M. D.

... 19 (Address) 1818 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	10-18-1928

20 UNDERTAKER Jack Lewis, 1434 E Balto ADDRESS

...ct.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38407

CERTIFICATE OF DEATH

REGISTERED NO. 154 E 38407

1—PLACE OF DEATH

CITY OF BALTIMORE No. Craddock Ave. Gardenstown

2—FULL NAME Shirley A. Wilson

(a) RESIDENCE—No. Craddock Ave. St. Evans WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 12 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Harry C. Wilson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Waller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Mrs. Mary Wilson

(Address) Craddock Ave.

Filed ..... 19 .....

C. HAMILTON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 1928, to Oct 17, 1928, that I last saw her alive on 10-15, 1928 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Hypertrophy
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Diffuse nephritis
Congenital (duration) yrs. 2 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hamilton Jones, M. D.

, 19 (Address) 330 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct. 18, 1928
UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Oakland

Spec.—1-12-23—M&T—500 Blks.

E 38408

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 38408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Division St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charity Jane King

(a) RESIDENCE NO. 2002 Division ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas C King

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Andrew King 705 N Carlton St

15 Filed OCT 13 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928 to Oct 14, 1928

that I last saw her alive on Oct 14 1928

and that death occurred, on the date stated above, at 4 40 P m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Oct 14 1928 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct. 18, 1928

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1125 Ashland Av

Spec.—1-12-23—M&T—500 Blks.

E 38409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38409

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 38

CITY OF BALTIMORE: (No. 17-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Barrett

(a) RESIDENCE No. 513 Oxford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sedonia Barrett.

6 DATE OF BIRTH (month, day, and year) Unknown 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
50				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Louisa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 13 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 15 1925

17

I HEREBY CERTIFY, That I attended deceased from 8 - 23, 1925, to 10 - 15, 1925, that I last saw him alive on 10 - 15, 1925, and that death occurred, on the date stated above, at 4:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. & acute

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Aortitis - aneurysm of aorta

Syphilis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical, Lab, x-Ray

(Signed) J. M. Finch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Oct 16 1925

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38410

CERTIFICATE OF DEATH.

44 E 38410

1-PLACE OF DEATH Christs Institution Hospital

CITY OF BALTIMORE: (No. 704 Ensor ST. 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Collins

(a) RESIDENCE NO. 1631 Madison St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas. Collins

6 DATE OF BIRTH (month, day, and year) [illegible], 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
about 55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas. Collins

(Address) 1631 E. Madison St

15 Filed OCT 13 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1928, to October 16, 1928, that I last saw her alive on October 16, 1928, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinomia of Stomach

+General Debility (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Xray

(Signed) Dr W Kennard M. D.

10-16 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Oct. 18 1928

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 1325 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

Reese

E 38411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 38411

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) 15-67 ST. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Rose

(a) RESIDENCE NO. 3008 Westwood St City ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Andrew Reese

6 DATE OF BIRTH (month, day, and year) July 6, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
65	3	13	10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Hohman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ama Cottigan

(Address) 1655 W. Fairmount

15 Filed OCT 18 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-15, 1928, to 10-16, 1928, that I last saw her alive on 10-16, 1928, and that death occurred, on the date stated above, at 3 P M m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nicholas Donnelly M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Oct 19 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Fulton

Spec.—1-12-23—M&T—500 Bks.

E 38412 E 38412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Baltimore General. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 1352 WARD)

2-FULL NAME Mr. Amos Bopp.

(a) RESIDENCE NO. 711 W. 36th St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A Bopp

6 DATE OF BIRTH (month, day, and year) May 24 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Springfield (State or country) Township York, Pa.

PARENTS

10 NAME OF FATHER John F. Bopp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Mia Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mr Oscar Black (Address) 2816 Clifton Park Terrace

15 Filed OCT 18 1928 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17, 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-11, 1928, to 10-17, 1928 that I last saw him alive on 10-17, 1928 and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Vascular Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jacob J. Singer, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL Oct 19 1928

20 UNDERTAKER W M Routson

ADDRESS 2238 N Monroe

Spec.—1-12-23—M&T—500 Blks.

E 38413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38413

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2651 Frederick Ave ST. 70-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Leatherbury

(a) RESIDENCE NO. 2651 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/17-28

7 AGE: Years | Months | Days | If LESS than 1 day, 4 hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank L Leatherbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va Va

14 Informant (Address) Frank L Leatherbury 2651 Fred Ave

15 Filed OCT 18 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18-1928

17 I HEREBY CERTIFY, That I attended deceased from 10/17, 1928, to 10/18, 1928, that I last saw h[illegible] alive on 10/18, 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature Breath 6 hrs in utero (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Reese, M. D.

10/18 1928 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dear Cemetery Balto Md — DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: F. D. Wesplect — ADDRESS: 850 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 38414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38414

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1637 Calhoun St. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Steward

(a) RESIDENCE No. 1637 Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Steward

6 DATE OF BIRTH (month, day, and year) ? 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Aston Steward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Betty Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Steward (Address) 1637 Calhoun St

15 Filed 10-16-1928, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Oct 15, 1928, that I last saw him alive on Oct 15, 1928, and that death occurred, on the date stated above, at 12-10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Trey, M. D.

10/16, 1928 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL King William Co. Va

DATE OF BURIAL Oct 17 1928

20 UNDERTAKER Edward Bryan

ADDRESS 631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38415

CERTIFICATE OF DEATH

90 E 38415

1—PLACE OF DEATH

REGISTERED NO. 10-14

CITY OF BALTIMORE: (No.) 934 Ensor ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James B Rusk

(a) RESIDENCE NO. 934 Ensor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign born yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace B Rusk

DATE OF BIRTH (month, day, and year): Aug 17/1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Beef Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): Own Self.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Columbus Ohio

10 NAME OF FATHER: Edwin Rusk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Jennie E Bergstresser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Columbus Ohio

14 Informant: Grace B Rusk

(Address) 934 Ensor St

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

OCT 13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1928, to Oct 16, 1928,

that I last saw him alive on Oct 16, 1928

and that death occurred, on the date stated above, at 11 05 m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 934 Ensor

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Boulois, M. D.

10/17/1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Oct 19 1928

20 UNDERTAKER: William Beal ADDRESS: 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38416

CERTIFICATE OF DEATH.

88

E 38416

1-PLACE OF DEATH

City of BALTIMORE: No. 2325 Frederick St. (Ward 10-69)

2-FULL NAME Assad Abbot Kawaja

(a) RESIDENCE NO. 2325 Frederick St. Ward

(Usual place of abode)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 8.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): January 1 1870

7 AGE: Years 58 Months 9 Days 16 . IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rug Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Syria —

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Syria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Syria

14 Informant: Mrs. Agnes Stephenson

(Address): 1613 St Paul St.

15 Filed OCT 13 1928 G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Brooks M. D. (Coroner)

10/19 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: 10/20 1928

20 UNDERTAKER: L. J. Barton ADDRESS: Glenburnie Md.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 38417 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 28-63 (Ward) 76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mary Marlen

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD Elizabeth N.J.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. S. Marlen

6 DATE OF BIRTH (month, day, and year): May 3, 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Trenton New Jersey

PARENTS

10 NAME OF FATHER: Patrick J. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Clara McAdams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Trenton New Jersey

14 Informant (Address): Mt Hope Retreat Mt Hope Retreat

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Oct 18, 1928, that I last saw her alive on Oct 17, 1928, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary): Secondary Tuberculosis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elizabeth N.J. DATE OF BURIAL: Oct 18 1928

20 UNDERTAKER: Stewart & Co. ADDRESS: Balto.

Spec.—1-12-23—M&T—500 Bks.

E 38418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38418

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 W. North ave St. 13-59 WARD

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Downing Bayley

(a) RESIDENCE NO. 924 W. North ave. St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. P. Bayley

6 DATE OF BIRTH (month, day, and year) 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Howell Downing

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Harriett Forsach

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. F. W. Howell, daughter

(Address) 924 W. North ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1928, to Oct. 18, 1928, that I last saw h[illegible] alive on Oct. 18, 1928, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs & symptoms

(Signed) F. F. Howell, M. D.

Oct. 18, 1928 (Address) 2310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemt DATE OF BURIAL Oct 20 1928

20 UNDERTAKER Putnam & Sons ADDRESS 1723 W. Lafayette Ave

1928 C. HAMPSON JONES, M. D.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38419 — 1928 — 70 — 158

E 38419

CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1716 McCulloh St. — 14 — Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E Mitchell

(a) RESIDENCE NO. 1716 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah G Mitchell

6 DATE OF BIRTH (month, day, and year) June 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	70	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Sandy Spring Md.

PARENTS

10 NAME OF FATHER Herbert Mitchell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susanna Holland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sarah G Mitchell

(Address) 1716 McCulloh St.

15 Filed 8 1928 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18/1928

17 I HEREBY CERTIFY, That I attended deceased from 9/12 1928 to 10/18 1928

that I last saw him alive on 10/17 1928

and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) J. T. Hawkins M. D.

10/18/1928 (Address) 912 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

Date of Burial 10/21 1928

20 UNDERTAKER Emma E Wright

ADDRESS 864 Mary

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38420 100-001 E 38420

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital Ward 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Duppins

(a) RESIDENCE NO. 934 Woodyear WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year): Dec 29 1927

AGE: Years 1 Months 9 Days 18 If LESS than 1 day, hrs or min. 10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Louis Duppins

11 BIRTHPLACE OF FATHER (city or town) — (State or country): City

12 MAIDEN NAME OF MOTHER Mary Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

11 Informant Mary Duppins

(Address) 934 Woodyear

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1928 to Oct 11, 1928

that I last saw her alive on Oct 11, 1928

and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Primary

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) John W. Gabrie M. D.

19 (Address) Providence Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Oct 15 19 28

20 UNDERTAKER Florence E. Wright

ADDRESS 864 Mary

Spec.—1-12-23—M&T—500 Blks.

E 38421

HEALTH DEPARTMENT—CITY OF BALTIMORE

H-E 38421

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hughes

(a) RESIDENCE NO. 817 no Wolfe ST., ..WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11 1928

17

I HEREBY CERTIFY, That I attended deceased from 3-20 1928 to 10-11 1928

that I last saw ~~him~~ alive on 10-11 1928

and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

several months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, general

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. M. Hitch, M. D.

1928 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 10/18 1928

20 UNDERTAKER John J. Fahey Son

ADDRESS Light St

Spec.—1-12-23—M&T—500 Blks.

E 38422 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38422

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 E. 20th. St. 9-4th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Smith

(a) RESIDENCE NO. 521 E. 20th. St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella J. Smith

6 DATE OF BIRTH (month, day, and year) July 25th. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	72	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 035

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary M. Dubel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Ella J. Smith

(Address) 521 E. 20th. Street

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928 to Oct. 16, 1928

that I last saw h in alive on Oct. 16, 1928

and that death occurred, on the date stated above, at 6-15 P m

The CAUSE OF DEATH was as follows:*

Arteriosclerotic Cardio-vascular renal Disease

(duration) several yrs mos ds

CONTRIBUTORY (Secondary) Phlebitis of Femoral Vein

(duration) yrs mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Allen Ingoman M. D.

, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	10/19 1928

20 UNDERTAKER Chas. F. Traue & Son ADDRESS 1187 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

E 38423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 38423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt. Gen. Hospital (ST.) (WARD)

2-FULL NAME William Rinde

(a) RESIDENCE NO. 1823 Bert St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Bessie Rinde

6 DATE OF BIRTH (month, day, and year) 1890-7-12

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. Rinde

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bessie Craft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed Oct 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15, 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/25, 1926, to 10/15, 1926, that I last saw h/m alive on 10/15, 1926, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Cardio vascular renal disease.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unimportant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Stowell Rose M.D.

(Address) Bo. Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Oct 19 1926

20 UNDERTAKER Chas. L. Sterns

ADDRESS 1501 Z Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 38424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38424

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 84

CITY OF BALTIMORE: (No. 2507 Brookfield Ave. ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Milton J. Brown

(a) RESIDENCE NO. 2507 Brookfield Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mae F. Brown

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Merchandise

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Stern

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Mae F. Brown
(Address) 2507 Brookfield Ave.

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Oct 17, 1928, that I last saw h— alive on Oct 17 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) yrs. 1 mos. do.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lutz, M. D.

Oct 18 1928 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Har Sinai Cem.	10/19/ 1928
20 UNDERTAKER	ADDRESS
Hand Sondheim	115-20 W Mt Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38425 E 38425

CERTIFICATE OF DEATH.

REGISTERED No. C 49

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 623 N. Bellona Ave ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Gardner

(Residence in Baltimore: No. 1904 E. Pratt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 17 (Day), 1861 (Year)

7-AGE, 67 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo Gardner

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna E. Knox

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Gardner

(Address) 1904 E Pratt St

15-

Filed 1928 By C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25 1928 to Oct 16 1928, that I saw h er alive on Oct 16 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: (Carc

Carcinoma of Bladder

3 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) R. Hemiplegia

5 (Duration) yrs. mos. ds.

(Signed) Geo. H. Hoskins M. D.

Oct 17, 1928 (Address) 6835 Fairfield Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Oct 19, 1928

20-UNDERTAKER Stuber & Jones Inc — ADDRESS 414 N. Broadway

Important: See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38426 ✓ E 38426

CERTIFICATE OF DEATH.

101-60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 27 N. Montford Ave ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McClean

(a) RESIDENCE NO. 27 N. Montford Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Kate C. McClean

6 DATE OF BIRTH (month, day, and year) June 14-1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Captain

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Kate C. McClean

(Address) 27 N. Montford Ave.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1928, to Oct. 18, 1928, that I last saw him alive on Oct. 17, 1928, and that death occurred, on the date stated above, at 17:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pearson M. D.

10-18-1928 (Address) 514 DRURY LANE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore (Cemetery) DATE OF BURIAL Oct-20 1928

20 UNDERTAKER Stughes & Howard ADDRESS 1st W Broadway

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

(Julia Blanche Howe)

E 38427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 113

E 38427

1-PLACE OF DEATH University Hospital Lombard & Greene sts

CITY OF BALTIMORE: (No. 4-30 ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howe, Julia Blanche

(a) RESIDENCE NO. Patapsco ave (Usual place of abode) Sparrows Point, Md ST., WARD Sparrows Point Md

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 19 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Arthur Howe

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Julia McAllister

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Arthur Howe (Address) Sparrows Point Md

15 Filed 1928 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1928, to Oct 17, 1928, that I last saw h[illegible] alive on Oct. 17, 1928, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Pyelitis
Gastro Enteritis
Terminal Bronchio Pneumonia

(duration) yrs. mos 2 4 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia 12 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Truehart, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship DATE OF BURIAL 10/19 19 28

20 UNDERTAKER W. Cook ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38428

CERTIFICATE OF DEATH.

90 E 38428

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No.) Dr Wilkins W & Pitts Rdy-46 St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. R. Espey

(a) RESIDENCE NO. 521-E-28 St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Espey

6 DATE OF BIRTH (month, day, and year): Dec 23, 1876

7 AGE: Years 51 Months 4 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ironmolder Grainer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER: William C Espey

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Mary L Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

PARENTS

14 Interment: H C Espey

(Address): 521 E 28th St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

For RPR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 1 ds.

Dr. Geo Fades M. D.

(Signed) (Coroner)

Oct 17, 19 28 (Address) 1437 W Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial 10 9 1928

20 UNDERTAKER: H. C. Cook ADDRESS 501 E Lafayette

1928

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Neumann 2235 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38429 — 90 E 38429

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 1

CITY OF BALTIMORE: (No. 942 Asquith ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Foard

(a) RESIDENCE NO. 942 Asquith ST., WARD

(Usual place of abode) (If non-resident give town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Daniel R Foard

6 DATE OF BIRTH (month, day, and year): Dec 25/1880

7 AGE: Years 47 — Months 48 — Days 9 — 21 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Crisfield Md

PARENTS

10 NAME OF FATHER: Wm H Tull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Crisfield Md

12 MAIDEN NAME OF MOTHER: Catherine Lankford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Crisfield Md

14 Informant: Daniel R Foard (Address) 942 Asquith St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 , 1928 , to Oct 16 , 1928 , that I last saw h alive on Oct 16 1928 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemoptysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical exam

(Signed) Désiré V. Neumann, M. D.

19 (Address) 2235 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Oct 19, 28

20 UNDERTAKER: Wilhelm Bros & Nuttle — ADDRESS

E 38429 OCT 28 C. HAMPSON JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38430 — 19 E 38430

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 26-37 Ward)

2-FULL NAME Filippo Accicca

(a) RESIDENCE NO. 216 S Haven St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 Color or Race: White — 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 4/8/1905

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	23	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): (State or country) Italy

PARENTS

10 NAME OF FATHER: Angelo Accicca

11 BIRTHPLACE OF FATHER (city or town): (State or country) Italy

12 MAIDEN NAME OF MOTHER: Carolina DeAngelina

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Italy

14 Informant: Alfred Accicca (Address) 216 S Haven St

15 Filed 10/8 1928 — C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

Thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) I find that said deceased came to his death on the day stated above.

18a CAUSE OF DEATH* was as follows:

Homicide

Stab Wound of Abdomen

(Duration) ..... yrs. ..... mos. 2 hrs. ..... ds.

CONTRIBUTORY (Secondary) Septic Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Yates M. D.

(Coroner)

10/17/28 (Address) 143 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cemetery — Date of Burial 10/ 19 1928

20 UNDERTAKER: George J Ruth — ADDRESS 1735 Hartford Ave

Spec.—1-12-23—M&T—500 Bks.

E 38431 E 38431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. [redacted] ST. 24 WARD)

2-FULL NAME Charles Loetz

(a) RESIDENCE No. 506 E. Fort ST., 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ella Loetz

6 DATE OF BIRTH (month, day, and year) — — 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Albert Loetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

*14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 8 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-13 1928 to 10-17 1928.

that I last saw him alive on 10-17 1928.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pellagra, (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism + Syphilis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) T. M. Peale M. D.

(Address) BALTIMORE CITY HOSPITALS 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 10/20 1928

20 UNDERTAKER A. J. Gahagan & Sons

ADDRESS 1318 Eutaw

FROM B very important—See instructions on reverse side

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38432 — 113 — E 38432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1415 W. Mulberry St. (Ward) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Brown.

(a) RESIDENCE NO. 1415 W. Mulberry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16, 1928

7 AGE — Years — Months 9 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work X

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Theodore Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Mary Sailer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Theodore Brown

(Address) 1415 W. Mulberry St

15 Filed ____ 19 ____ Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17th 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1928, to Oct 17th, 1928,

that I last saw him alive on Oct 16, 1928,

and that death occurred, on the date stated above, at 11. A M.

The CAUSE OF DEATH* was as follows:

Acute Entero-Colitis

(duration) — yrs mos 5 ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Henry F Brown M. D.

10/17 1928 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Gilboa cemetery Balto. co.

DATE OF BURIAL: Oct 19 1928

20 UNDERTAKER: Thomas. E. Kelson.

ADDRESS: Pikesville

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 46

E 38433

1-PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No.) Broadway + Fairmount ST., 6-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Belle Scarborough

(a) RESIDENCE NO. Gudalatee Mahon WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Scarborough

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer $

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm Scarborough
(Address) Gudalatee Md

15 Filed Oct 18 1928 C HAMPSON JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Oct. 18, 1928, that I last saw h[illegible] alive on Oct. 18, 1928 and that death occurred, on the date stated above, at 7:50 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral [redacted] hemorrhage
(hemorrhage or embolus)
(6 hrs)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter B. Johnson, M. D.

Oct 18 1928 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Hill Md — DATE OF BURIAL 10/20/1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38434

CERTIFICATE OF DEATH.

32 E 38434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Kades, Jr.

(a) RESIDENCE NO. 122 Woodbine ST., WARD Harrisburg Pa.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 6, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

PARENTS

10 NAME OF FATHER Samuel Kades

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reading, Pennsylvania.

12 MAIDEN NAME OF MOTHER Estell Goldsmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisburg Pennsylvania.

14 Informant Mrs Herman Jarvis (Address) Harrisburg, Pa.

15 Filed OCT 19 1928 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from October 8, 1928, to October 19, 1928, that I last saw him alive on October 19 1928, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Harrisburg, Pa.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Herman Chor M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg, Pa.

DATE OF BURIAL 10/19/1928

20 UNDERTAKER Arnold Sandheim

ADDRESS 1820 W. Mt. Royal Ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38435

CERTIFICATE OF DEATH

89 ✓ E 38435

1—PLACE OF DEATH

REGISTERED NO. 85-57

CITY OF BALTIMORE: (No. Seville Apt. F, Lake Drive WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sydney C. Adler

(a) RESIDENCE NO. Seville Apt. F, Lake STREET Drive WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marian H. Adler.

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1885.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Herman Adler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Nettie Cohen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Wife
(Address)

15 Filed ....., 19 ..... Registrar

OCT 19 1928 L. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to Oct. 19, 1928, that I last saw him alive on Oct. 19, 1928, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? No special test.

(Signed) Hoffman, M. D.

10-19, 1928 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chub Shalom	10/21 1928
20 UNDERTAKER	ADDRESS
David Sandhaus	1152 N. Mt Royal

Spec.—1-12-23—M&T—500 Bks.

E 38436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E 38436

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W York ST. 22-31 WARD)

2-FULL NAME Charles Allen Maddox

(a) RESIDENCE NO. 107 W. York ST., 22 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mattie Maddox

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) B. C. A.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Clark Maddox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co. Md

12 MAIDEN NAME OF MOTHER Susie Roley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co. Md.

14 Informant Christian McNeal (Address) 415 N. Appleton St

15 Filed, 1928, 19 Registrar

OCT 19 1928 HAROLD JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/1/28, 19 ~~28~~, to 10/15/28, 19 28, that I last saw ~~him~~ alive on 10/15/28, 19 28 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis; Acute Dilatation

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Psychosis, Korsakow's (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical History

(Signed) H. H. Preston, M. D.

, 19 (Address) 709 Hart St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Summer Set Marion Station Co. Md. DATE OF BURIAL 10-21 1928

20 UNDERTAKER John H. Broadwin ADDRESS 1027 Hanover

Spec.—1-12-23—M&T—500 Blks.

E 38437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 38437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 9-1-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hall

(a) RESIDENCE No. 415 Perry st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed OCT 19 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1928, to Oct. 15, 1928, that I last saw him alive on Oct. 15, 1928 and that death occurred, on the date stated above, at 4.55 p. m.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

10-15-28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 10-20 1928

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Round Hill

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38438

CERTIFICATE OF DEATH.

88 E 38438

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1405 Olive ST. 12-31 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Martel

(a) RESIDENCE NO. 1405 Olive ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Martel

6 DATE OF BIRTH (month, day, and year) June 7, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Elizabeth Martel
(Address) 1405 E. Olive St.

15 Filed OCT 19 1928, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1928, to Oct 17th, 1928, that I last saw him alive on Oct 16th, 1928 and that death occurred, on the date stated above, at 4 A M

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Acute arthritis

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nathan Kalter M.D.

, 19 (Address) 1320 Chester.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Oct 20 1928
20 UNDERTAKER	ADDRESS
Fred. P. Krause & Son.	703 Hanover

Spec.—2-29-28—L. F. S.—500 Blks.

E 38439

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-001 ✓

E 38439

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Forcuden

(a) RESIDENCE NO. 317 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Lizzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed OCT 19 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9-28

17 I HEREBY CERTIFY, That I attended deceased from 10-1 1928, to 10-9 1928,

that I last saw him alive on 10-9 1928

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Residual left Hemiplegia, arterio sclerosis, Hypertention (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) H. M. Hick, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cy	Oct 11 1928
20 UNDERTAKER S. E. Brandt & Son	ADDRESS 1524 W Baltimore St

Spec--12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38440 E 38440

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 70 S. Carrollton av St. 18-74 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A Wade

(a) Residence No. 70 S Carrollton av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew Wade

6-DATE OF BIRTH (month, day and year) May 31 1874

7-AGE. 54 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Bath

PARENTS.

10-NAME OF FATHER. James Gordon

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Ireland

12-MAIDEN NAME OF MOTHER. Catherine Nolan

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Ireland

14- (Informant) Mrs Mary C Shane

(Address) 70 S Carrollton av

15- Filed OCT 10 1928

C. HAMPSON JAMES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 11, 1928

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928 to Oct 17, 1928

that I last saw h alive on Oct 16, 1928

and that death occurred, on the date stated above, at 11.50 A m

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No.

What tests confirmed diagnosis?

(Signed) John L Schwenck, M. D.

, 19 (Address) 1337 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Peters

DATE OF BURIAL. Oct 20, 1928

20-UNDERTAKER. John J Fields

ADDRESS 1200 W Lombard

Spec.—2-29-28—L. F. S.—500 Pds.

E 38441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38441

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Woodbourne & Brattle ST., 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie L McKewen

(a) RESIDENCE NO. Woodbourne & Brattle ST., 7 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in whirh employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward H. McKewen (Address) Woodbourne & Brattle Ave

15 Filed OCT 19 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-17, 1928

17 I HEREBY CERTIFY, That attended deceased from Sept-10, 1925, to Oct 17 28, that I last saw h.r alive on Oct-14, 1928 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH was as follows: Diabetes Coma

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 3 yrs. 1 mos. 17 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine & Blood Sugar

(Signed) James L Kerr M. D.

10/18 1928 (Address) 1729 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 19 1928
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38442 E 38442

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3715 S. 2nd St., Brooklyn WARD) 25-P

2—FULL NAME Edward W. Brewer

(a) RESIDENCE NO. 3715 S. 2nd St., Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 030

(b) General nature of Industry, business, or establishment in which employed (or employer) B & O R R

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER William T. Brewer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Amey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ada L Brewer

(Address) 3715 S 2nd St Brooklyn

15 Filed OCT 19 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to 10/18/28,

that I last saw h— alive on 10/18/28, 19

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Pul Phthisis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Death Dyspnoea Cough

(Signed) Edward J. Fenn, M. D.

10/18/1928 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 22 1928
20 UNDERTAKER	ADDRESS
George J Smith	153 Hollins

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38413

CERTIFICATE OF DEATH.

E 38413

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. 11

CITY OF BALTIMORE: (No. 2637 ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mora Wilenzick

(a) RESIDENCE NO. 3814 Eastern Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Wilenzick

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Shapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Elizabeth -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1139 Bond.

15 Filed OCT 14 1925, 19.. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 19 25

17 I HEREBY CERTIFY, That I attended deceased from 10/6, 19 25, to 10/13, 19 25, that I last saw him alive on 10/13, 19 25, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (unruptured)

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis? Generalized (?) Septicemia (?) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 3814 Eastern Ave

Did an operation precede death? Yes Date of 10/13/25 appendectomy

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Benjamin Klotz, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 10-17- 19 25

20 UNDERTAKER Jack Lewis — ADDRESS 1139 E Baltimore

CAUSE OF DEATH must be plainly written. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38444

CERTIFICATE OF DEATH.

188-103 ✓

E 38444

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Franklin Square Hospital 18-26 Ward)

2-FULL NAME Mrs. Klahan Cohen

(a) **RESIDENCE NO.** 1079 W. Fayette St. St. _____ **Ward** _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Calman Cohen

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Calman Cohen

(Address) 1079 W. Fayette St.

15 Filed..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration right side skull, forehead, contusion left chest, Bronchi - Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) _____

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Brooke M. D.

(Coroner)

10-19-1928 (Address) 3601 Third St, Brooklyn, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendale. Date of Burial 10/19/28.

20 UNDERTAKER Jacob Levi ADDRESS 1439 E Baltimore

OF DEATH in plain terms, so that it may be properly classified. Use instructions on back of certificate.
very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Saunders 2 9 6 Preston St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38445

CERTIFICATE OF DEATH

E 38445

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1723 Ensor ST. 9-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James B Hobbs

(a) RESIDENCE NO. 1723 Ensor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Hobbs

6 DATE OF BIRTH (month, day, and year): Nov. 4/1856

7 AGE: Years 71 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

(c) Name of employer: B & O R R Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Denhard Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mary E Stump

(Address) 1723 Ensor St

15 Filed OCT 19 1928 19 H. M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 19/28

17 I HEREBY CERTIFY, That I attended deceased from June 10 1927, to Oct 18 1928

that I last saw h living on Oct 18 1928

and that death occurred, on the date stated above, at 3 [illegible]

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Coma

CONTRIBUTORY (Secondary): Sarcoma of Larynx (duration) yrs. mos. 7 ds.

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) J. C. Saunders, M. D.

(Address) 716 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem't

DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: William Carlson & Nathan

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38446

CERTIFICATE OF DEATH.

170 V E 38446

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 110 N. Bradford St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Oliff

(a) RESIDENCE NO. 110 N. Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Oliff

6 DATE OF BIRTH (month, day, and year) Sept 10-1855

7 AGE	Years	Months	Days	IF LESS than 1 day .... hrs. or .... min.
	73	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Richard Oliff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary A. Scates

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Charles W. Oliff

(Address) 110 N. Bradford St.

15 Filed ... 28 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot Gun Wound in Head-Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Oliff M. D.
(Coroner)

10-18-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 10/20 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E. North Ave.

OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 38447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 38447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2200 Lanvale St. (Ward) 20-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Clements

(a) RESIDENCE NO. 2200 Lanvale St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of, James E. Clements

6 DATE OF BIRTH (month, day, and year) May 14th 1862.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	26	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife,

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Ga. (State or country)

PARENTS

10 NAME OF FATHER Henry Crenshaw

11 BIRTHPLACE OF FATHER (city or town) Ga. (State or country)

12 MAIDEN NAME OF MOTHER Ella Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr James E. Clements (Address) 2200 Lanvale St

15 Filed ..... 19 ... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Oct 18, 1928, that I last saw h[illegible] alive on Oct 11, 1928, and that death occurred, on the date stated above, at 4:05 A. m.

The CAUSE OF DEATH* was as follows:

Carcinomata of Uterus and Bladder.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herbert E. Nelson M. D.

10/18, 1928 (Address) 2151 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 10/20/1928

20 UNDERTAKER John F. Cowan & Co

ADDRESS 1014 W. Lan

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Eks.

E 38448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38448

188-103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 27-46 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin G Adams.

(a) RESIDENCE NO. 1620 St Albans way Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine McGee Adams

6 DATE OF BIRTH (month, day, and year): Dec 5 - 1852

7 AGE: Years 75 Months 10 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer Gdl. Co.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm Adams

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Milbyn

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Hosp. Record

(Address): Madison & Linden

15 Filed....., 19..... .....Registrar

OCT 19 1928 C. HAMILTON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile accident.

Fractured Femur.

(Duration) mos. 15 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. ds.

Oct 18-28 F. C. Linck M. D.

Oct. 19 (Address) 10th Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death? Roland Park. Car barn.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudan Park Cem. Date of Burial Oct 20 1928

20 UNDERTAKER: Chas. E. Joanck ADDRESS 32 Madison Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

38449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38449

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 W Fayette ST. 4-25 (WARD)

2-FULL NAME Ferdinand L. Landwehr,

(a) RESIDENCE No. 512 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth H.

6 DATE OF BIRTH (month, day, and year) 4/27/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Taylor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Ferdinand L. Landwehr

11 BIRTHPLACE OF FATHER (city or town) Hanover (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bockstie

13 BIRTHPLACE OF MOTHER (city or town) Hanover (State or country) Germany

14 Informant (Address) Ferdinand L. Landwehr 512 W. Fayette St

15 Filed OCT 19 1928 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Oct 17, 1928 that I last saw him alive on Oct 16, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Mitral heart val. lungs bloody expectoration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dextrocardia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. Y. Fechtig, M. D.

, 19 (Address) 4 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Holy Redeemer Cem DATE OF BURIAL 10/20 1928

20 UNDERTAKER Henry W. Jenkins & Son ADDRESS Richard McCulloh

CAUSE OF DEATH in plain terms. Abbreviations and physicians' technical terms are not permissible. INFORMATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38450

CERTIFICATE OF DEATH.

74-001 E 38450

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mazie Sanders

(a) RESIDENCE NO. 813 Barnes St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Sanders

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Howard Co., Md.

PARENTS

10 NAME OF FATHER Wm. Jarvis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co., Md.

12 MAIDEN NAME OF MOTHER Laura Savoy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co., Md.

14 Informant Julia Mason

(Address) 813 Barnes St

15 Filed ..... 19 ..... Registrar

OCT 19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary) Undetermined

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Weller M. D.

(Coroner)

10-18/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. Date of Burial 10-20 1928

20 UNDERTAKER Byron Wright ADDRESS 1218 Mc & Cleary St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38451

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 38451

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 McElderry ST. 5-8 WARD)

2—FULL NAME Thomas Ezeal Wynn

(a) RESIDENCE NO. 1234 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-26-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Homer Wynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville S. C.

12 MAIDEN NAME OF MOTHER Willie May Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greenville S. C.

14 Informant Homer Wynn

(Address) 1234 McElderry St

15 Filed OCT 19 1928, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-18-28

17 I HEREBY CERTIFY That I attended deceased from Sept 26, 1928, to Oct 18, 1928, that I last saw him alive on Oct 18, 1928 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Premature Delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

10-19-1928 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. — DATE OF BURIAL 10-19 1928

20 UNDERTAKER Byron W[illegible] — ADDRESS 1248 McElderry

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38452

CERTIFICATE OF DEATH.

X 188-703

E 38452

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital 5-72 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bauerlein

(a) RESIDENCE NO. Westminster Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred accidental yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Bauerlein

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 99 Months — Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): — 087

(c) Name of employer: —

9 BIRTHPLACE (city or town): Germany

(State or country): Westminster Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John Bauerlein

(Address): Westminster

15 Filed OCT 19 1928 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck by Automobile Co. Fracture humerus & 2 ribs Traumatic Pneumonia & Shock

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas F Stroble M. D. (Coroner)

10/19 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster — Date of Burial: Oct 22 1928

20 UNDERTAKER: H Bankard & Son — ADDRESS: Westminster Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38453

CERTIFICATE OF DEATH

118-002

E 38453

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Clinia St ST. 77-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Thomas.

(a) RESIDENCE NO. 820 Clinia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (Write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8-24/90 2

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Help on Tank

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Abraham Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Moses

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Martha Moses

(Address) 820 Clinia St

15 Filed OCT 19 1928 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17-28.

17 I HEREBY CERTIFY that I attended deceased from Oct 14. 1928 to Oct 17 1928 that I last saw him alive on Oct 17 1928 and that death occurred, on the date stated above, at 5.55A m.

The CAUSE OF DEATH* was as follows:

Intestinal Abstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. A. Coodle M. D.

. 19 (Address) 501 N Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnace Branch	October 21 1928
20 UNDERTAKER	ADDRESS
Joseph A Lisby & Son	1911 mount st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38454 E. **CERTIFICATE OF DEATH.** 11-001 E 38454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 Montgomery St. 12-33 Ward.) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Eland Tennison

(Residence in Baltimore: No. 29 Montgomery St.; 21 yrs., 11 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Oct (Month) 29 (Day), 1906 (Year)

7-AGE: 21 yrs. 11 mos. 19 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer): Oil

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: John Tennison

11-BIRTHPLACE OF FATHER (State or Country): St Marys Coun Md

12-MAIDEN NAME OF MOTHER: Minnie Walker

13-BIRTHPLACE OF MOTHER (State or Country): Whitfield Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie Tennison

(Address) 29 E Montgomery St

15-

Filed OCT 19 1928, 191.... For C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 17 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1928, to Oct 17 1928, that I saw him alive on Oct 17 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

I. Pneumonia

.....

.....

..... (Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Influenza Pneumonia

..... (Duration) ....yrs. ....mos. ....da.

(Signed) C Ha..... M. D.

Oct 18, 191.. (Address) 1215 Ha.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. ....mos. ....da. In the State ....yrs. life ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Leader Hill — DATE OF BURIAL: Oct. 19 1928

20-UNDERTAKER: E Schlosman & Son — ADDRESS: 1027 Hanover St

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38455

101-001

CERTIFICATE OF DEATH

REGISTERED NO. E 38455

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1836 Belt Ave (St.) 24-34 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Lugan

(a) RESIDENCE NO. 1836 Belt Ave (St.) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 8, 1909

7 AGE — Years: 19 | Months: 0 | Days: 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): O+O

(c) Name of employer: U.S. Government

9 BIRTHPLACE (city or town) (State or country): Bal Co. Md.

PARENTS

10 NAME OF FATHER: John J. Lugan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Stumpf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bal Co. Md.

14 Informant: Mary Schubring

(Address): 1836 Belt Ave

15 Filed OCT 19 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1928 to Oct. 17, 1928

that I last saw him alive on Oct. 17, 1928

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What [illegible] diagnosis? Physical signs & symptoms

(Signed) J. Edward Norris M. D.

No. 17, 1928 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C.C. Co

DATE OF BURIAL: Oct 20 1928

20 UNDERTAKER: Margaret J. Flynn

ADDRESS: 1422 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

E 38456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38456

CERTIFICATE OF DEATH

1—PLACE OF DEATH St Francis Convent REGISTERED NO. 15

CITY OF BALTIMORE (No. Chase & Brenturon Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sister Mary Euphemia Archibald

(a) RESIDENCE NO. St. Francis Convent WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 COLOR OR RACE: C. | 5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 15 1886

7 AGE — Years: 42 | Months: 8 | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sister

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South America

PARENTS

10 NAME OF FATHER: Jonas Archibald

11 BIRTHPLACE OF FATHER (city or town) (State or country): South America

12 MAIDEN NAME OF MOTHER: Margaret Archibald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South America

14 Informant: Rev. Mother Superior

(Address) St. Francis Convent

15 Filed 9 1928 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-17-28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1928, to Oct. 17- 1928, that I last saw her alive on Oct. 15th 1928 and that death occurred, on the date stated above, at 10.45 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual means

(Signed) Mary F Vogelsong, M. D.

10-19- 1928 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cath. | DATE OF BURIAL: Oct 19 1928

20 UNDERTAKER: Mrs. R. G. Elliott | ADDRESS: 1715 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38457 E 38457

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 N Washington ST. 0-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie F Cofer

(a) RESIDENCE NO. 503 N Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Cofer

6 DATE OF BIRTH (month, day, and year) Dec 16 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 31	9 10	28 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lottie Newkirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant John W Cofer

(Address) 503 N Washington

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-18-1926

17

I HEREBY CERTIFY, That I attended deceased from April 25 to 10-18 1926

that I last saw h alive on 10-17 1926

and that death occurred on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Uremia Nephritis, Chronic Interstitial

Arteriosclerosis

Contributory Acute Bronchitis

(Secondary) (duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

10-18-1926 (Address) 800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Oct 20 1926

20 UNDERTAKER John Mellard

ADDRESS 2606 Orleans

CAUSE OF DEATH in plain terms, so that any person can understand it. Name disease causing death, not mode of dying, as heart failure, asthenia, etc. Do not use abbreviations or initials. If from violence, state whether accidental, suicidal or homicidal. See instructions on back of certificates.

1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38458

CERTIFICATE OF DEATH.

99-09 E 38458

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 570 Lakewood Av. St.; 7-10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah M White

(a) RESIDENCE NO. 570 N Lakewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm White

6 DATE OF BIRTH (month, day, and year): Feb 12 1844

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
84	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Somerset Co

(State or country)

PARENTS

10 NAME OF FATHER: Wm Holland

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Somerset Co

12 MAIDEN NAME OF MOTHER: Nellie Ford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Somerset Co

14 Informant: Wm White

(Address): 570 N Lakewood

15 Filed: C. HARRISON JONES, M. D. 19 1928

By: RHH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry)

thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and from the evidence obtained by said Inquest find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Oct 18 1928 Signed) C. H. Jones M. D. (Coroner)

19 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Upper Fairmount Md Date of Burial Oct 22 1928

20 UNDERTAKER: John Callent ADDRESS: 508 Calvert

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19 1928

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38459

CERTIFICATE OF DEATH.

15 E 38459

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeths' Home ST.) 9-47 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dixon

(Residence in Baltimore: No. St. Elizabeths' Home Chesnut Hill ave St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, January (Month) 29 (Day), 1928 (Year)

7-AGE, yrs. 8 mos. 18 ds. 17

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: pd
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Pearl Dixon

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed 1 9 1928, 191

C. HAMPSON JONES, M. D. Registrar.

2881

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 13 1928, to October 15 1928, that I saw h[illegible] alive on October 15 1928, and that death occurred, on the date stated above, at 7:20 A m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 4 ds.

(Signed) Frank J. Ayd M. D.

Oct 17, 1928. (Address) 2005 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, 191

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38460

CERTIFICATE OF DEATH

38 E 38460

1-PLACE OF DEATH Aged Mens Home

REGISTERED NO.

City of BALTIMORE: (No. 1400 W Lexington St. Ward) 9-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A Kohlhepp

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 20 1859

7 AGE Years 69 Months 4 Days 29 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind af work: None

(b) General natura of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Michael Kohlhepp

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Kluge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Forestal (Address) 1400 W Lexington St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

10-19-1928 Pat. Nov 6

MEDICAL CERTIFICATE OF DEATH

16 DATH OF DEATH (month, day, and year) 1928 Oct. 19,

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to Oct. 19, 1928, that I last saw him alive on Oct. 15, 1928, and that death occurred, on the data stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Heart bloc

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis ?

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin C Jarrett M. D.

19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mens Cathedral — Date of Burial: Oct 22 1928

20 UNDERTAKER George J Smith — ADDRESS 153 Hollins

tion should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate as nearly as possible. PLACE OF DEATH should be stated EXACTLY. If unknown, approximate as nearly as possible. OCCUPATION should be stated EXACTLY. If unknown, approximate as nearly as possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38461

CERTIFICATE OF DEATH.

153 E 38461

1-PLACE OF DEATH

CITY OF BALTIMORE—No. University Hospital ST. 10 WARD 26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Wenner

(a) RESIDENCE No. Nursery & Childs Hospital ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 1926

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Nellie Wenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary Hossfull

(Address) Childs Nursery & Hospital

15 Oct 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18/1928

17

I HEREBY CERTIFY, That I attended deceased from 10/17/1928 to 10/18/1928

that I last saw him alive on 10/18/1928

and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:

Septicemia

CONTRIBUTORY (Secondary) Acute Osteomyelitis (duration) mos ds

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 10/17/28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Operative

(Signed) L. B. Lumpkin M. D.

(Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Oct 20 1928

20 UNDERTAKER George J. Smith — ADDRESS 1432 Hollins

CAUSE OF DEATH: Physician will please answer all questions as fully as possible. ATTENTION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 38462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-9 38462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1102 Bradgate St. (Ward) 25-26

2-FULL NAME Emma Lee Clayburn

(a) RESIDENCE. (No.) 1102 Bradgate St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Clayburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Jessie Gullick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant James Clayburn
(Address)

15 Filed Oct 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-19 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-18 1928 to Oct-19 1928

that I last saw h[illegible] alive on Oct-18 1928

and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Acute bronchial pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Coleman M. D.

Oct 19 1928 (Address) 3039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem. DATE OF BURIAL: Oct 20 1928

20 UNDERTAKER: Robert E. Williams ADDRESS: 1515 McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 38463

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 820 N. Durham St. ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Kofron.

(a) RESIDENCE NO. 820 N. Durham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced BUSBAND of (or) ~~WIFE of~~: Elizabeth Kofron.

6 DATE OF BIRTH (month, day, and year): Oct. 9/1861

7 AGE — Years: 67 — Months: — Days: 10 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired. M

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bohemia.

PARENTS

10 NAME OF FATHER: Joseph Kofron.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia.

14 Informant: Elizabeth Kofron Wife

(Address) 820 N. Durham St.

15 Filed [illegible], 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 19, 1928.

17 I HEREBY CERTIFY, That I attended deceased from September 18, 1928, to October 19, 1928, that I last saw h alive on October 19, 1928 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis
contributory
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
contributory
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Oct 19, 1928 (Address) 2005 E. Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Holy Redeemer Cemetery

DATE OF BURIAL: October 22, 1928

20 UNDERTAKER: August Pasek

ADDRESS: 2406 E. Oldenborg

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38464 E 38464

CERTIFICATE OF DEATH

74-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Cambria ST. 25-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George E Hardy

(a) RESIDENCE NO. 500 Cambria ST. 125 WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hallie Hardy

6 DATE OF BIRTH (month, day, and year) Apr. 12-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Serving lunches

(b) General nature of indostry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oxford N. C.

PARENTS

10 NAME OF FATHER Dan Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not

12 MAIDEN NAME OF MOTHER Ann Reems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hallie Hardy.

(Address) 500 Cambria St

15 Filed OCT 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 11-1928

17 I HEREBY CERTIFY, That I attended deceased from July 7th 11 1928, to Oct 18th 1928 that I last saw him alive on Oct 17th 1928 and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) 3 yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Otto Theibel M. D.

10/18. 1928 (Address) 1224-26 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	10-20 1928
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Ca ...ell

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38465 — 74-001 — E 38465

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 311 N. Pine ST., 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Knox

(a) RESIDENCE NO. 311 N. Pine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Knox

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ot

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Spencer Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm Knox

(Address) 311 N. Pine St

15 Filed Oct 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 17, 1928

that I last saw her alive on Oct 17, 1928

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) David E. Magnuss M. D.

10/19/28, 1928 (Address) 1756 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10-20 1928
20 UNDERTAKER	ADDRESS 916
Harold Easton	Pa ave

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Schiffer

E 38466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38466

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3317 Edmondson Ave. ST. 20-20 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Schiffer,

(a) RESIDENCE NO. 3317 Edmondson Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 24, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 403

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Crook Stores Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Schiffer,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Maw,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Elaizbeth Schiffer,

(Address) 3317 Edmondson Ave.

15 Filed 20 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 18 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Oct 18, 1928, that I last saw he alive on Oct 18, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes, nephritis, cardiac decompensation

Abdominal (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma (duration) yrs. mos. 2 hrs ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) H C K [illegible] M. D.

Oct 17, 1928 (Address) 402 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ New Cathedral DATE OF BURIAL 19

20 UNDERTAKER Geo W Settle ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 38467 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 38467

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 624 ST. (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Hubbard Wright

(a) RESIDENCE NO. Preston, Md ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter M. Wright

6 DATE OF BIRTH (month, day, and year) Dec 27-1863

7 AGE	Years	Months	Days	If LESS than 1 day, . hrs or min.
	64	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Preston, Md.

PARENTS

10 NAME OF FATHER William Pritchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Eliza Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Preston Md

14 Informant William E. Wright (Son)
(Address) Preston, Md

15 Filed 20 1928 C. HAMPSON JONES, M. D. Registrar
BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928 to Oct. 19, 1928, that I last saw her alive on Oct. 19, 1928 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B. Johnson, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Preston Md — DATE OF BURIAL Oct 22 1928

20 UNDERTAKER W. H. Wollen & Son — ADDRESS Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 E. Fort Ave. ST 24-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Benner

(a) RESIDENCE NO. 710 E. Fort Ave. ST , WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Benner

6 DATE OF BIRTH (month, day, and year) June 25, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Benner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Elizabeth Benner (Address) 710 E. Fort Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Oct. 17, 1928, that I last saw him alive on Oct 16, 1928 and that death occurred, on the date stated above, at 7.40 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of throat

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Winfield Stoag, M. D.

Oct 19, 1928 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Oct 20 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Lisbon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

20 1928

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 38469 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38469

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) 75-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Loretta Jenkins

(a) RESIDENCE No. 4020 Pennington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Astey Jenkins

6 DATE OF BIRTH (month, day and year) Sept 3 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Lake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Bellamy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Record (Address)

15 Filed , 19 RHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1928 to Oct 19 1928 that I last saw her alive on Oct 19 1928 and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Pulmonary Tuberculosis Complicating Pregnancy (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray Exam.

(Signed) Theo. W. Lab M. D.

Oct 20, 1928 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Culpepper Va DATE OF BURIAL Oct 20 1928

20 UNDERTAKER John F Denny ADDRESS 715 Lig St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

20 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38470

CERTIFICATE OF DEATH

129 E 38470

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2407 E. Fairmount St., 610 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E. Walsh.

(a) RESIDENCE NO. 2407 E. Fairmount St., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 5 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. L. Walsh.

6 DATE OF BIRTH (month, day, and year) April 26 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Kate Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Jos. L. Walsh (Husband)
(Address) 2407 E. Fairmount Ave

15 Filed ..... 19 ..... Registrar

20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 , 19 24 to Oct 18 , 19 28

that I last saw h. alive on Oct 18 , 19 28

and that death occurred, on the date stated above, at 10 ½ m.

The CAUSE OF DEATH was as follows: Mitral Regurgitation

Hypertrophy, Dyspnea

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Reddy Eyler M. D.

19 28 (Address) 200 N. Bond St.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patricks Cem.

DATE OF BURIAL Oct. 22nd 1928

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 S. Wolfe St.

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38471 — 101-00 — E 38471

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Chester ST., 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph H. Rebbert

(a) RESIDENCE NO. 735 N. Chester ST., 7th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 27 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 21st 1928

7 AGE — Years | Months: 2 | Days: 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George J. Rebbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Elizt. H. Drexel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: George J. Rebbert (Address) 735 N. Chester St

15 Filed ....., 19 ..... Registrar

OCT 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 19 28 to Oct 18, 19 28

that I last saw h[illegible] alive on Oct 18, 19 28

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Solar Desquamation
Primary (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Edwin [illegible] M. D.

(Address) 600 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Oct. 20 1928

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38472

CERTIFICATE OF DEATH.

E 38472

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jo. Balto. Gen. Hospital (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Thompson

(a) RESIDENCE NO. Brooklyn, Md. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1928

7 AGE — Years | Months | Days: 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: do
(b) General nature of industry, business, or establishment in which employed (or employer): None.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Franklin Thompson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana
12 MAIDEN NAME OF MOTHER: Evelyn Lemaire
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Hospital Records
(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10. 18. 1928

17 I HEREBY CERTIFY, That I attended deceased from 10. 14. 1928 to 10. 18. 1928
that I last saw him alive on 10. 18. 1928
and that death occurred, on the date stated above, at 9 45 A.m.
The CAUSE OF DEATH* was as follows:

Extra dural Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Premature Birth (duration) yrs. mos. 36 hrs.

18 Where was disease contracted if not at place of death? At birth.
Did an operation precede death? No Date of
Was there an autopsy? Yes — 10. 18. 28
What test confirmed diagnosis? Clinical Autopsy
(Signed) J. Solombrello M.D.
10. 18 1928 (Address) Jo. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Body disposed of by
DATE OF BURIAL: 10. 18 1928

20 UNDERTAKER: Jo. Balto. Gen. Hosp. by Cremation
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

20 1928

Spec.—1-12-23—M&T—500 Bks.

E 38473 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38473

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S. Fulton Ave ST.) 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Kunes.

(a) RESIDENCE NO. 402 S. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Willis & Kunes

6 DATE OF BIRTH (month, day, and year) Feby 1. 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68.	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Travis Axford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Lafell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Mary A. Fitchett.

(Address) 402 S Fulton Ave.

15 Filed OCT 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Oct 18, 1928, that I last saw ... alive on Oct 18, 1928 and that death occurred, on the date stated above, at 10 10 a m

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. 2 mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L Gundry M. D.

10/19/28 (Address) 1791 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Oct 21st 19-

20 UNDERTAKER Lowe & Lowe Co ADDRESS 501 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38474

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 38474

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 8-14

CITY OF BALTIMORE: (No. 1515 N Chapel Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Balddaci

(a) RESIDENCE NO. 1515 N Chapel WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (or) WIFE of Louis Baldacci

6 DATE OF BIRTH (month, day, and year) Sept 10 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Veneraa Baldacci

(Address) 1515 N Chapel

15 Filed Oct 20 1928 C. H. IMPSON JONES, M. D. Registrar

For DHP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18/28

17 I HEREBY CERTIFY, That I attended deceased from 10/14/28, to 10/18/28

that I last saw h alive on 10/18/28

and that death occurred, on the date stated above, at 5.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ch. Antigiani, M. D.

, 19 (Address) 2942 Eliza

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 20 1928

20 UNDERTAKER Martin W E Hyde — ADDRESS 21 S. Mott

IF DEATH is plain letters, as many as possible, are important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 38475

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38475

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. ST. 10-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Stefanski

(a) RESIDENCE No. 2100 E. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Aug. 3 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Stefanski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records

(Address)

15 Filed OCT 20 1928 HAMPSON JONES, M. D. Registrar

By DCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10, 19 1928

17

I HEREBY CERTIFY, That I attended deceased from 10, 11, 1928, to 10, 19, 1928,

that I last saw him alive on 10, 19, 1928,

and that death occurred, on the date stated above, at 7 03 p. m.

The CAUSE OF DEATH* was as follows:

Auricular fibrillation of heart.

(duration) yrs. mos 15 min.

CONTRIBUTORY (Secondary) Chr. Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Stolz Walsche, M. D.

10-19-28 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Oct 23 1928

UNDERTAKER: George A. Weber

ADDRESS: 705 S. Amity St.

mation should be carefully supplied. AGE should be stated EXACTLY. If LESS than one day, hours or minutes must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 38476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38476

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No 510 Fyon ST. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME no name Baby Page

(a) RESIDENCE. No. 510 Fyon ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, ~~Married, Widowed,~~ or Divorced (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days | If LESS than 1 day, 4 hrs. or min.: four hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) and

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 510 Fyon Md

PARENTS

10 NAME OF FATHER: Benjamin R. Woodson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Helen Paige Oct 14 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Helen Woodson 510 Fyon

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

Oct 20 1928 Per AHK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 14 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 1928 to Oct 14 1928

that I last saw him alive on Oct 14 1928

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Congenital debility
Caused by premature birth.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Colman M. D.

(Address) 2039 Mc Culloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. Fairview — DATE OF BURIAL: Oct 20 28

20 UNDERTAKER: Sam'l H. Case & Co — ADDRESS: 400 Myrtle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 38477

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 38477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 26-37 Ward)

2-FULL NAME Thomas Butler

(a) RESIDENCE NO. Not Known St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

THE MORGUE Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest. (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sues. Infection

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) & Exhaustion

(duration) yrs. mos. ds.

Oct 28 (Signed) G. C. Yates M. D.
(Coroner)

11/28 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

PUBLIC CEMETERY.

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D. Commissioner Health

OCT 20 1928

N. B.—WHITE BURIAL PERMIT, to be issued by the Registrar, will be found on the reverse side of this certificate. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36

Spec.—1-10-21—M&T—1500 Bks.

E 38478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38478

CERTIFICATE OF DEATH.

161-002

1-PLACE OF DEATH St Joseph Hosp

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 18 (WARD)

2-FULL NAME Baby Bowman

(a) RESIDENCE NO. 1100 W Balto ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/14/28

7 AGE — Years: — Months: — Days: 3 4 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) 1100 W Balto St Balto Md

10 NAME OF FATHER Curtis Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Francis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

PARENTS

14 Informant (Address) Hosp. Nurse

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

For 2887

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 17 1928 to Oct 18 1928, that I last saw her alive on Oct 18 1928, and that death occurred, on the date stated above, at 5.45a m.

The CAUSE OF DEATH* was as follows:

Hemophilia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A W Barranco M. D.

19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: OCT 20 1928

20 UNDERTAKER — ADDRESS —

OCT 20 1928

matics should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.R.S.—400 Bks.

E 38479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38479

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 538 Moore St. (Ward) 17-24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Rice

(a) Residence No. 538 Moore St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Girl

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct 19-1928

7-AGE. About 7 hours

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Jeff Gibson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Louisa

12-MAIDEN NAME OF MOTHER, Mattie Rice

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-

(Informant)

(Address)

15-

Filed, 192

C. HAMPSON JONES, M. D. Registrar.

2888

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 19, 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1928 to Oct 19 1928

that I last saw her alive on Oct 19 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Drew Woollard M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
	19
20-UNDERTAKER.	ADDRESS

should be carefully supplied. AGE should be stated EXACTLY. If UNDER ONE DAY, hours or minutes should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. For instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38480 — 90 — E 38480

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 26-37 WARD)

2-FULL NAME Thomas Mooney

(a) RESIDENCE No. 68 10th ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ? yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year)

7 AGE: 68 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Dan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Agnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): BALTIMORE CITY H[redacted] C. HAMPSON JONES, M. D.

15 Filed Dec. 20, 1928 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 15 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-27, 1928, to 10-15, 1928, that I last saw him alive on 10-15, 1928, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

" Chronic

Myocardial Insufficiency

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, Left.

Arteriosclerosis (duration) Unknown mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) P. M. Mack, M. D.

, 19 (Address) [redacted]LTIMORE CITY H[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 10 no 28, 19

20 UNDERTAKER: John J. Adam [illegible]

ADDRESS: [illegible]

mation Should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of OCCUPATION of deceased is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2[illegible]-1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38481

CERTIFICATE OF DEATH.

1928 E 38481

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 2331

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Smallwood, (C)

(a) RESIDENCE NO. 1112 Hasselberger Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Widower.

5a If married, widowed, or divorced BUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): September 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	1	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER James Smallwood, (C

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Carroll, (C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland.

14 Informant John Smallwood, (C) brother.

(Address) 1709 W. Franklin St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Oct 20 1928 By 12510

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis due to a pistol shot wound of the abdomen.
Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Leonard M. D.
(Coroner)

10/20/28 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Charles & Hughes sts. Oct. 15, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Oct 20 1928 19

20 UNDERTAKER Samuel Heuisler ADDRESS 1728 Madison

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 38482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38482

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1111 Division St. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Johns

(a) RESIDENCE NO. 1111 E Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Johns.

6 DATE OF BIRTH (month, day, and year): Jan, 13-1876

7 AGE — Years: 52 Months: 9 Days: 5 If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Oxford Md.

PARENTS

10 NAME OF FATHER: Daniel Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Katie Johns 1104 Division St.

15 Filed ..... 19 ..... Registrar

Per: acct

C. HAMPSON JONES, M. D.

OCT 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from July 21 .1928 to Oct 18 .1928.

that I last saw h alive on Oct 18 .1928.

and that death occurred, on the date stated above, at 10.10A m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(duration) yrs. 3, mos ds.

CONTRIBUTORY (Secondary): Exhaustion,

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? Dr.

What test confirmed diagnosis? Clinically.

(Signed) Leo. H. Langebach, M.D.

10-18, 1928 (Address) 2215 N. Monument.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: Oct 21 1928

20 UNDERTAKER: Samuel Hemsley

ADDRESS: Ford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 38483 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38483

CERTIFICATE OF DEATH. 44

1-PLACE OF DEATH 1920 Mosher St. REGISTERED NO.

CITY OF BALTIMORE: No. Baltimore Md St. 15-21 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Schuster

(a) RESIDENCE. No. 1920 Mosher St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G. Schuster

6 DATE OF BIRTH (month, day, and year) April 5, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Schuster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Annie G. Schuster
(Address) 1920 Mosher St.

15 Filed OCT 20 1928 C. HAMPSON JONES, M. D. Registrar
RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 19 1928 19

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1928, to October 19, 1928.
that I last saw him alive on October 19, 1928
and that death occurred, on the date stated above, at 9:05 A.M.
The CAUSE OF DEATH* was as follows:
Toxaemia haemorrhage
Metastatic Carcinoma
Liver & large intestine from
Sigmoid Carcinoma 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Toxaemia, haemorrhage (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date March '26
Was there an autopsy? no
What test confirmed diagnosis? Pathological Exam.

(Signed) James I. Baggott M. D.
, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 10/22/28 19

20 UNDERTAKER Harry J. Wolfe — ADDRESS 53 N. Howard St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38484

E 38484

CERTIFICATE OF DEATH

X 129

E 38484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST., 17-49 WARD)

2—FULL NAME Charles L. Kurz

(a) RESIDENCE NO. Pleasant Hill Rd, Owings Mills, Md WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mrs. Emma Kurz

6 DATE OF BIRTH (month, day, and year) Sept 29, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Hat Manufr.

(c) Name of employer Carlton & Co, Inc

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Abram M Kurz

11 BIRTHPLACE OF FATHER (city or town) (State or country) (Frederick) Md.

12 MAIDEN NAME OF MOTHER Mary A. Moberley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Frederick)

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 21, 1928, that I last saw him alive on Oct 21, 1928 and that death occurred, on the date stated above, at 1:05 a.m.

The CAUSE OF DEATH* was as follows:

Uremia (immediate), due to Chronic Nephritis and Prostatic Hypertrophy & Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis, Chronic Nephritis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. Hilleman Jones, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 23 1928

20 UNDERTAKER ADDRESS

J. F. Cline Reisterstown Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38485

1-PLACE OF DEATH

City of BALTIMORE: (No. 331 S Bond St. 3-1 Ward)

2-FULL NAME Hoppel Seaman

(a) RESIDENCE NO. 331 S Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

1/4-001

E 38485

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6 DATE OF BIRTH (month, day, and year): July 4 1865

7 AGE: Years 63 Months 3 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Austria

PARENTS

10 NAME OF FATHER: Morris Seaman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Austria

14 Informant: Abe Seaman

(Address) 331 S Bond St.

15 Filed OCT 21 1928 C. HARRISON JONES M.D. Registrar

Per RMK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

6 d

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary)

Oct 20 1928

(duration) yrs. mos. ds.

Attended (Occupation) M. D.

19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Athan Rose dale Cemetery Date of Burial Oct 24 1928

20 UNDERTAKER: D J Jerman Bro ADDRESS 1127 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 38486

HEALTH DEPARTMENT—CITY OF BALTIMORE,

23 E 38486

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 28-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel H Amoss

(a) RESIDENCE NO. 4211 Euclid Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Amoss

6 DATE OF BIRTH (month, day, and year): Nov 21 1883

7 AGE: 44 Years 45 Months 10 Days 27

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman—United Rwys

(b) General nature of industry, business, or establishment in which employed (or employer): 078

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm H Amoss

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Moss

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Edna Amoss

(Address) 4211 Euclid Ave

15 Filed ....., 19 .....

Registrar

OCT 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/18/28

17 I HEREBY CERTIFY, That I attended deceased from 10/4/28, 19 ..... to 10/18/28, 19 .....,

that I last saw him alive on 10/18/28, 19 .....

and that death occurred, on the date stated above, at 10 25 pm m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) ..... yrs. mos. 4 9 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) ..... yrs. mos. 1½ ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F S Winstead M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt View Cem. Howard Co Md

Date of Burial: 10/21 1928

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 38487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1928 E 38487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Fulton Ave & Baker 1521 Ward)

2-FULL NAME Mark Freedman.

(a) RESIDENCE NO. 1566 N. Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Freedman

6 DATE OF BIRTH (month, day, and year): Sept 29 1886

7 AGE: Years 42 — Months — Days 20 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Brass Polisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) England.

(State or country)

PARENTS

10 NAME OF FATHER Abraham Freedman

11 BIRTHPLACE OF FATHER (city or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Napolean

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England.

14 Informant Leah Freedman

(Address) 1556 N. Fulton St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy find that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of heart and Lungs Suicide

(duration) ..... yrs. ..... mos. .....

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Oct 19th 1928 (Signature) H. E. Black M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel — Date of Burial: 10-21-1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 21 1928 HAMDEN JONES M D

Spec.—2-29-28—L. F. S.—500 Bks.

E 38488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38483

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2266 Brookfield Ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Kittle Cohn

(a) RESIDENCE NO. 2266 Brookfield Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Kittle Cohn

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nuchem Kittle Cohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Cohn —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Lewis

(Address) 1739 E Balto St

15 Filed OCT 21 1928, 19 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from October 6th, 1928, to October 20th, 1928, that I last saw h[illegible] alive on October 19th, 1928 and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Hypertoplin Arthritis, Dorsal Vertebrae Paralysis Senile Deterioration Myocardial Insufficiency over

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? Not Ascertainable

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Investigation

(Signed) Thomas Conaway, M. D.

19 (Address) 1032 East 36th Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Friendship	10-21-1928

20 UNDERTAKER Jack Lewis ADDRESS 1739 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 38489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38489

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 E. Clinton ST. 26-1 WARD)

2-FULL NAME Harrison Raines

(a) RESIDENCE No Alexandria Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE: Years 35 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: Luke Raines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Veronia Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Auntie Seth
(Address) 1619 E. Clinton St.

15 Filed ..... 192 ..... Registrar

OCT 21 1923 HAMPTON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 18 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pect

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

Brotherly Compensation

Signed 20 Oct 8 G C Eades, M. D.

(Coroner)

, 192 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alexandria Va. DATE OF BURIAL: Oct. 22 1923

20 UNDERTAKER: Chas. N. Johnson & Co. ADDRESS: N. Carolina Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38490 — CERTIFICATE OF DEATH — 90 E 38490

1—PLACE OF DEATH — BEGISTERED NO.

CITY OF BALTIMORE (No. 2352 Sidney ST., 25-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edna Bell Smith

(a) RESIDENCE NO. 2352 Sidney ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur H Smith

6 DATE OF BIRTH (month, day, and year) Aug 15 1898

7 AGE — Years 30 — Months 2 — Days 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Jno A Wertz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Mary Madgey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Information given by Amy E Wertz (Address) 1514 S. Charles St

15 Filed OCT 21 1928 — C. HAMPSON MISLE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 20, 1928

that I last saw her alive on Oct. 19, 1928

and that death occurred, on the date stated above, at 1.55 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Mitral regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) M G Fruiengood M.D.

(Address) 682 Washington Blvd

Oct 20/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Oct 23, 1928

20 UNDERTAKER Charles L. Browne — ADDRESS 1501 E Fort Ave.

IMPORTANT: Physician will please fill out this certificate in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38401

CERTIFICATE OF DEATH.

129

REGISTERED NO. 14-35

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Cindra St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth L O Lewis

(a) RESIDENCE NO. 1309 Cindra St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widdow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William O Lewis

6 DATE OF BIRTH (month, day, and year): March 7 1862

7 AGE: 66 Years 65 | Months 7 | Days 11 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Ben Hagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): North Carolina

14 Informant: Mr William O Lewis

(Address) 1309 Cindra St

15 Filed OCT 21 1928 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to Oct 19, 1928, that I last saw her alive on Oct 18, 1928, and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

about

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Usual

(Signed) Wm T. Blakney, M. D.

Oct 20 1928 (Address) 636 Fork Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: Chas L Stevens

ADDRESS: 1501 E Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38492

CERTIFICATE OF DEATH.

44 E 38492

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH So Balto Gen Hosp.

CITY OF BALTIMORE: (No. 1213 S. Light ST. 17-14 WARD)

2-FULL NAME Leonard McCarthy

(a) RESIDENCE NO. 1703 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 2 1884

7 AGE: Years 39 Months — Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brewer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER: John D. McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn

12 MAIDEN NAME OF MOTHER: Mary E. Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Conn

14 Informant (Address): Mrs. Mary G. McCarthy 211 W. Eutaw St

15 Filed OCT 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1911, to Oct. 19, 1928, that I last saw him alive on Oct. 19, 1928, and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Heart

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 15, 1928

Was there an autopsy? No

What was confirmed diagnosis? Pathological Examination

(Signed) C. H. Jones M. D.

, 19 (Address) 827 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL 10/22 1928

UNDERTAKER: Chas. S. Maudlow ADDRESS 1180 Mont Rogue Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38493

CERTIFICATE OF DEATH.

117 E 38493

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie B. Jackson

(a) RESIDENCE NO. 320 E. 33rd St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Jackson

6 DATE OF BIRTH (month, day, and year): Dec 21/1894

7 AGE — Years: 33 — Months: 9 — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Alonzo Howard

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Annie Robb

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Husband

(Address)

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

OCT 21 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-Ruptured Appendix.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Haller, M. D.

(Coroner)

10-20-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Oct 21 1928

20 UNDERTAKER: Jno. M. Johnson — ADDRESS: 1234 Etting St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38494 E 38494

CERTIFICATE OF DEATH.

7/4-001

8-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1213 North Broadway

CITY OF BALTIMORE: (No. 1213 North Broadway ST.) (WARD)

2-FULL NAME Alphonso A Pellicord

(a) RESIDENCE NO. 1213 N Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mabel T. Pellicord

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1851.

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
76	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): General Electric work

(c) Name of employer: City & Dad most Mo

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Charles Pellicord

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Jane Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mabel Pellicord (wife)

(Address) 1213 N. Broadway

15 Filed OCT 21 1928 C. HAMILTON JONES M. D. Registrar

By Mabel Pellicord For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Oct. 19, 1928.

that I last saw him alive on Oct. 19, 1928.

and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Uremic-sclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Only usual tests

(Signed) A. L. Macdonald M. D.

(Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: Henry Lutz ADDRESS 1203 11 Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38495 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2038 W. Saratoga St

CITY OF BALTIMORE: (No. Baltimore Md. ST. 70-27 WARD) 57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Henry Jones

(a) RESIDENCE No. 2038 West Saratoga St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eutha A. Jones

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

PARENTS

10 NAME OF FATHER Thomas B. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co., Md.

12 MAIDEN NAME OF MOTHER Miranda Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co., Md.

14 Informant Mrs. Eutha A. Jones (Address) 2038 W. Saratoga St.

15 Filed OCT 21 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 1928

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to October 18, 1928, that I last saw him alive on October 18, 1928, and that death occurred, on the date stated above, at 9 15 P m.

The CAUSE OF DEATH* was as follows:

coronary occlusion

(duration) yrs. mos 1 hr.

CONTRIBUTORY (Secondary) Cardio Vascular renal disease diabetes (duration) 20 yrs mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory methods

(Signed) Frederick Smith, Jr., M. D.

, 19 (Address) 1920 St. Paul Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Oct 22, 8

20 UNDERTAKER John F Denny — ADDRESS 715 Lisbon St

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38496

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore and Payson Sts

CITY OF BALTIMORE: (No. German Aged Home ST., 76-1 WARD)

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Crossley

(a) RESIDENCE NO. German Aged Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Crossley

6 DATE OF BIRTH (month, day, and year) Aug. 31 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
79	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bedford Pa.
(State or country)

PARENTS

10 NAME OF FATHER Conrad Lyons

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) Bedford Pa
(State or country)

14 Informant Records German Aged Home
(Address) Balto and Payson Streets

15 Filed OCT 21 1928, 19 C. HAMPSON JONES, M. D. Registrar

By Ellis.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19th 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Oct 18th 1928,

that I last saw her alive on Oct 16th 1928

and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

Organic Heart trouble

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hanff, M. D.

19 (Address) 1843 W. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Oct 22 1928

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38497 E38497

CERTIFICATE OF DEATH.

X 31

12-51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital, Balto. Md. ST. 12-51 WARD)

2-FULL NAME. Douglas Davenport

(a) RESIDENCE NO. Sunny Bank, Virginia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deckhand

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Isaac Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Malinda Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Rachel Smith (Address) 1113 Madison ave

15 Filed OCT 21 1928 ..., 19... Registrar

16 HANSON D SMITH M D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9 , 19 27 . to Oct. 19 , 19 28 .

that I last saw him alive on Oct. 19 , 19 28

and that death occurred, on the date stated above, at 11.15 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis, chronic, active

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of the bone, left elbow (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings and laboratory tests

(Signed) E. R. Hall, M. D.

, 19 (Address) Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reedville, Virginia DATE OF BURIAL Oct. 21, 1928

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

E38498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38498

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1570 Chesapeake Ave St., 15-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Sagebeer

(a) RESIDENCE NO. 1570 Chesapeake St. St. Ward Same

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johnson Southern

6 DATE OF BIRTH (month, day, and year): ? 1873

7 AGE: Years 55 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Pink Adams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Harriett Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Samuel Southern

(Address) 1570 Chesapeake ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D., Registrar

Per .....

OCT 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Oct 18, 1928.

that I last saw her alive on Oct 17 1928.

and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows: Cancer of Uterus

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones M. D.

19 (Address) 1570 Chesapeake

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvery — Date of Burial: 10/21/19

20 UNDERTAKER: Jno. Chas. A. Holland — ADDRESS: 1618 Edmund

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38499

CERTIFICATE OF DEATH

135

REGISTRATION NO. E38499

1-PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 28-65 WARD)

2-FULL NAME Nelson Lee

(a) RESIDENCE No. 4200 Darlymple ~~Ave~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Lee

6 DATE OF BIRTH (month, day, and year): Feb 22nd 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Sparrows Pt

(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Hanna Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Sara Lee

(Address): 4200 Darlymple Ave

15 Filed OCT 21 1928, 19

C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-26, 1928, to 10-19, 1928

that I last saw h~~im~~alive on 10-19-28

and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of prostate

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Paralytic Ileus; myocardial failure (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-?-28, 10-15-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) C. W. Payne, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem

DATE OF BURIAL: Oct 22nd 1928

20 UNDERTAKER: Leo G. Cook

ADDRESS: 1723 Pitt Pk Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38500 E38500 E38500 E38500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101-001

REGISTERED NO. 18-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. (WARD)

2-FULL NAME Anthony Sorrentino

(a) RESIDENCE NO. 921 Catherine st Phila. Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Jan 18 1913.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Phila. Pa

PARENTS

10 NAME OF FATHER Michael Sorrentino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Amanda Tele

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mt Hope Retreat (Address) Mt Hope Retreat

15 Filed OCT 21 1928 C. HAMPSON JONES, M.D. REGISTRAR

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Oct, 1928, that I last saw h[illegible] alive on Oct 20, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Toxaemia & Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Place / dont

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Melton P. Bell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa. DATE OF BURIAL Oct 24 1928

20 UNDERTAKER Howard Monroe ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

E38501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38501

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1806 South Ave. Mt. Washington (WARD) 27-54

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Willis Joynes

(a) RESIDENCE NO. 1806 South Ave. Mt. Washington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? 80 yrs. 2 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tully A. Joynes

6 DATE OF BIRTH (month, day, and year) Aug. 11 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	80	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander D. Forman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ? Md.

14 Informant Mr. Wm.E. Paul Jr. (Son in law)
(Address) 1806 South Ave Mt Washington.

15 Filed ..... 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1927 to Oct 20 1928, that I last saw her alive on Oct 20. 1928, and that death occurred, on the date stated above, at 4:47 p m

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(duration) 15 (about) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Milligan C. Ford, M. D.

Oct 21, 1928 (Address) 1116 Washington Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Oct 23 1928.

20 UNDERTAKER [illegible] (WILLIAM F. WOLDEN, Successor)

ADDRESS 1031 W. NORTH AVE.

C. HAMPSON JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38502 1—PLACE OF DEATH

129 E38502

REGISTERED NO.

CITY OF BALTIMORE: (No. 940 S. Bouldin ST. 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Birkefeld

(a) RESIDENCE NO. 940 S. Bouldin ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Birkefeld

6 DATE OF BIRTH (month, day, and year): Jan. 25-1853

7 AGE: Years 74 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Harry Wilhelm

(Address): 940 S. Bouldin St.

15. Filed OCT 22 1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20-1928

17 I HEREBY CERTIFY, That I attended deceased (from Oct 10, 19 27, to Oct 20, 19 28, that I last saw h alive on Oct 19, 19 28 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 11 mos. 25 ds.

CONTRIBUTORY (Secondary): Chr Nephritis - uremia

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. J. Fowler, M. D.

19 (Address) 2035 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western cemetary

DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: George W. Zirkin

ADDRESS: 1737 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38503

E38503

CERTIFICATE OF DEATH

14-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Patapsco ST. 23-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Hubschman

(a) RESIDENCE NO. 1232 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 DATE OF BIRTH (month, day, and year): Feb: 23. 1849

7 AGE: Years 79 | Months 7 | Days 27 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind nf work: Retired

(b) General nature of industry, business, or establishment in which employed (or emplnyer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Hubschman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John Hubschman (Son)

(Address): 1232 Patapsco St.

15 Filed OCT 23 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20th 1928

17 I HEREBY CERTIFY, That I attended ~~him~~ from Oct 6th 1928, to Oct 20th 1928,

that I last saw ~~him~~ alive on Oct 19th, 1928

and that death occurred, nn the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mns. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date nf

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Otto Fleibel M. D.

10/20, 1928 (Address) 224-26 Hanover St.

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature nf Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Oct 23 1928

20 UNDERTAKER: Margaret J. Flynn

ADDRESS: 1422 Light St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E38504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 ✓ E38504

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 845 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. Martin Harn

(a) RESIDENCE NO. 2200 Mayfield Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Martin Harn

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1874

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Harn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Harn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Armanda Harn.
(Address) 2200 Mayfield ave.

15 Filed OCT 22 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928, to Oct. 17, 1928, that I last saw him alive on Oct. 17, 1928 and that death occurred, on the date stated above, at 7.27 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 27, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Thomas C. Ott, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laudon Park Cem. DATE OF BURIAL Oct. 22 1928

20 UNDERTAKER Geo. L. Rutter ADDRESS 1735 Harford Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38505 F38505

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 3-5

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Tibbs

(a) RESIDENCE NO. 1002 Hollins St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Tibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Cad. Shields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dad Cad Brooks

(Address)

15 Filed OCT 22 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/14, 1928, to 10/14, 1928

that I last saw h— alive on 10/11 C, 1928

and that death occurred, on the date stated above, at 10.40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Chronic Nephritis

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) W. J. Finch, M. D.

, 19 (Address) Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashomatok Va — DATE OF BURIAL: 10-22 1928

20 UNDERTAKER: Daniel Eaton — ADDRESS: 916 Va ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38506

CERTIFICATE OF DEATH

113 E38506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 506 S Castle St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorathy Jarzynski

(a) RESIDENCE NO. 506 S Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
		3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Frank P. Jarzynski

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER Frances Szczesniak

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.

(State or country)

14 Informant Frank P. Jarzynski

(Address) 506 S Castle St.

15 Filed OCT 22 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Oct 19, 19 28

that I last saw h alive on Oct 19, 19 28

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Diph. Hem. Staph aureus

(duration) yrs. mos. 3 da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jeff L. Volwiler M. D.

Oct 21, 19 28 (Address) 14 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Oct 22 19 28

20 UNDERTAKER John H Weber ADDRESS 701 S Chester St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38507 — REGISTERED NO. E38507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2405 Allendale Road (ST.) 15-61 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine F. Knoblock

(a) RESIDENCE NO. 2405 Allendale Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Knoblock

6 DATE OF BIRTH (month, day, and year) Feb 3 - 1861

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) St Louis Mo

PARENTS

10 NAME OF FATHER Samuel Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John Knoblock (Address) 2405 Allendale Road

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20th 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Oct 20th, 1928

that I last saw h-- alive on Oct 19 1928

and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Inoperable Carcinoma in abdomen about 2 yrs (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Carcinoma in abdomen (duration) about 2 yrs. mos. ds.

18 Where was disease contracted, if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) W. S. Triplett M. D.

Oct 21 1928 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Oct 22 1928

20 UNDERTAKER Pentland & Poe — ADDRESS 1723 W Lafayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question on this form should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38508

CERTIFICATE OF DEATH.

F38508

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. Paca ST. 27-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Idalie Schmirmund

(a) RESIDENCE No. 603 S. Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Schmirmund

6 DATE OF BIRTH (month, day, and year): Aug 30 1860

7 AGE: Years 67 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Jesse Elsroad

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Stretton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs John C. Schmirmund

(Address): 603 S. Paca

15 Filed OCT 22 1928 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928 to Oct. 18 1928

that I last saw her alive on Oct 18 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

+ Colon

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dorsey M. D.

, 19 (Address) 142 W. Mt. Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 20 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2178 Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-3-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38509

CERTIFICATE OF DEATH.

1882 03

F38509

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morton Pritzker

(a) RESIDENCE NO. 149 N. Exeter St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) October 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper-Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Isreal Pritzker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Franklin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mr. Pritzker (Brother)

(Address) 149 N. Exeter St.

15 Filed OCT 22 1928 H. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Acc.

Multiple Fractures

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Oct 22/28 Signed) J. C. Slade M. D.

(Coroner)

(Address) 1436 Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 10-27-28

20 UNDERTAKER Jos. Kluss — ADDRESS 1439 E. Balto. St.,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38510

CERTIFICATE OF DEATH.

90 E38510

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3317 E Mount St. 16-38 Ward)

2-FULL NAME Jos J. Wehr

(a) RESIDENCE NO. 3317 E Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabelle Wehr

6 DATE OF BIRTH (month, day, and year): Aug 17, 1855

7 AGE — Years: 73 Months: 2 Days: 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Wehr

11 BIRTHPLACE OF FATHER (city or town): [redacted]

(State or country)

12 MAIDEN NAME OF MOTHER: Isabelle Bunn

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Lillian Myers

(Address) 3317 E. Monument Ste.

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ....yrs. ....mos. 1 ds.

Acute Exacerbation

CONTRIBUTORY (Secondary)

(duration) 4 yrs. ....mos. ....ds.

Signed Geo E Hale M. D.

(Coroner)

Dated Oct 21, 19 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn County Date of Burial: Oct 23 1928

20 UNDERTAKER: John A. Moran ADDRESS: 3000 E. Balto St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38511

CERTIFICATE OF DEATH

177

E38511

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 17 WARD)

2—FULL NAME Russell Mc Nelly

(a) RESIDENCE NO. 2107 Hamden ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Frank Mc Nelly

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Ella Bartell

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Hospital Records

(Address)

15 Filed OCT 22 1928, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1928

17 I HEREBY CERTIFY, That I attended deceased (from Oct. 19, 19 28 to Oct 19, 19 28, that I last saw h... alive on Oct. 19, 19 28 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Drug Poisoning - Probably Strychnine + Belladonna (accidental)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lucheny + Examination

(Signed) Wallace K. Swarthurley, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hanover

DATE OF BURIAL Oct 22 19 28

20 UNDERTAKER Cohen & Goldstein

ADDRESS 343

mation should be carefully supplied. AGE should be stated EXACTLY. Particular attention is called to the importance of correctly stating OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blp.

E38512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E38512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 13-57 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Kercherville

(a) RESIDENCE NO. 3460 Railroad ave., Woodbury ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kercherville

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Rooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lucy Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed OCT 22 1928 19 H. A. Kelly Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1928, to Oct. 19, 1928,

that I last saw her alive on Oct. 19, 1928

and that death occurred, on the date stated above, at 10.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith M. D.

10-20-28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Oct 22, 28

20 UNDERTAKER Chenoweth Son

ADDRESS 3615 Chestnut

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks

E38513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38513

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 W Lombard ST. 19-29 WARD)

2-FULL NAME Sarah Elizebeth Conley

(a) RESIDENCE No. 1318 W Lombard st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Conley

6 DATE OF BIRTH (month, day, and year): April 21 1849

7 AGE: Years 79 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott City md

PARENTS

10 NAME OF FATHER: Jas R King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: George W. Elgin (Address) 1318 W. Lombard St

15 Filed OCT 22 1928 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16 1928 to Oct 20 1928

that I last saw h alive on Oct 20 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. D. Dippell M. D.

19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: Oct 23 1928

20 UNDERTAKER: Robert Brookerson ADDRESS: Calhoun Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E38514 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F38514
REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. Madison + Howard ST. 1-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C Rhoten

(a) RESIDENCE NO. Hampstead, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Flora Leister

6 DATE OF BIRTH (month, day, and year) June 21 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Day, 0.45

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James L Rhoten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sadie E Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Record (Address)

15 Filed , 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 22, 1928, that I last saw h~~m~~e alive on Oct 22, 1928, and that death occurred, on the date stated above, at 8:07 A. m.

The CAUSE OF DEATH* was as follows:

Frontal Sinusitis

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Brain Abscess

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 16, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Reifschneider, M. D.

Oct 22 1928 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's, Balto Co. DATE OF BURIAL Oct 24 1928

UNDERTAKER Edw L Tipton ADDRESS Hampstead Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Each question must be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E38515

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

F38515

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1351

CITY OF BALTIMORE: (No. 836 W 32nd ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George H. Cohee

(a) RESIDENCE NO. 836 W 32nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie A. Cohee.

6 DATE OF BIRTH (month, day, and year): May 31-1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Business

(b) General nature of industry, business, or establishment in which employed (or employer): 145

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George W. Cohee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Carrie A Cohee

(Address): 836 W. 32nd St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 19, 1928, that I last saw him alive on Oct 19th, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Arteris Sclerosis

Indefinite (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) C. H. Dedenhoven, M. D.

Oct 22, 1928 (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lakewood Cemetery	Oct 22 1928
20 UNDERTAKER: Chas C. Miller & Son	ADDRESS: 2339 Jeffer

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38516

CERTIFICATE OF DEATH.

90 **E38516**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 423 East St St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Clarke

(a) RESIDENCE NO. 423 East St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 52 (Last birthday) Months Days. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Thos. Clark.

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Barrett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Mary Eppel

(Address) 4149 Eden

15 Filed ... 19 ...

C. HAMPSON JONES, M. D.

OCT 22 1928

by — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 21. 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Some months

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmon. Edema.

(duration) ... yrs. ... mos. ... ds.

(Signed) H. F. Kelly (Coroner) M. D.

, 19 (Address) 1657 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Oct 23, 1928

20 UNDERTAKER Henry Hoen & Son ADDRESS 1301 E. Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9 25—A Co.—20[illegible] Pks.

F38517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38517

CERTIFICATE OF DEATH.

REGISTERED NO. 1525

1-PLACE OF DEATH

City of BALTIMORE: (No. 1363 N. Gilmor St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Hommeyer

(a) RESIDENCE NO. 1363 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bellsener Hommeyer

6 DATE OF BIRTH (month, day, and year): Nov 6, 1876

7 AGE — Years: 51 — Months: 11 — Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town): Prince George Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Hommeyer

11 BIRTHPLACE OF FATHER (city or town): Prince George

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Handy Hommeyer

(Address): 1363 N. Gilmor St

15 Filed OCT 22 1928 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 10-20-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 19 28, to Oct 20, 19 28, that I last saw h[illegible] alive on Oct 19, 19 28, and that death occurred, on the date stated above, at 11.45 a. m.

The CAUSE OF DEATH* was as follows: Acute Inflamatory Rheumatism

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Acute Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marcellus E Jones, M. D.

, 19 (Address) (1458) Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Oct 22 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bl.

E38518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38518

CERTIFICATE OF DEATH.

37-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (16 26 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis West

(a) RESIDENCE No. 829 Harlem ave. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Muriel West

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 073

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry T. West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary A. Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed OCT 22 1928 C. HAMPSON JONES, M. D. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1928, to Oct. 19, 1928, that I last saw him alive on Oct. 19, 1928, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Disseminated tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

10-18-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem DATE OF BURIAL Oct 22 1928

20 UNDERTAKER Samuel T. Kemsley ADDRESS 3[illegible] Balto

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-[illegible]

E38519 HEALTH DEPARTMENT—CITY OF BALTIMORE E38519

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 7230 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tezeah Griffin

(a) RESIDENCE NO. 503 W. Lee ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

.a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
90				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Allsop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19-28

17 I HEREBY CERTIFY, That I attended deceased from 9-17, 1928, to 10-19, 1928, that I last saw her alive on 10-19, 1928 and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis; Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Finch, M. D.

10/20/28 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	10-23-28
20 UNDERTAKER	ADDRESS
Edmund F. Henderson	Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E38520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38520

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 5203 Gwynn Oak Ave St. 25-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda J Woodrow

(a) RESIDENCE NO. 5203 Gwynn Oak Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14, 1852

7 AGE	Years	Months	Days	IF LESS than I day hrs. or min.
	75	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co (State or country) Md

PARENTS

10 NAME OF FATHER William Bailey

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George Woodrow

(Address) 5203 Gwynn Oak Ave

15 Filed OCT 22 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Oct 19, 1928

that I last saw him alive on Oct 19, 1928

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Immediate (duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis Arteriosclerosis (Secondary)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted No

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) A. C. Lynch, M. D.

(Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Com Oct 21 1928

20 UNDERTAKER — ADDRESS

George J. Smith Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E38521

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E38521

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3618 Forest Park Ave 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret J Macher

(a) RESIDENCE NO. 3618 Forest Park Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15, 1840

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
88	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER John S Macher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Frances E Poole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs F Schellenberg

(Address) 3618 Forest Park Ave

15 Filed OCT 22 1928 G. HAMPSON JONES, M. D. Registrar

Per H.A.Coe

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 19, 1928

that I last saw h— alive on Oct 19, 1928

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Lamond M. D.

Oct 20 1928 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet	Oct 22 1928
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38522

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 4-25 WARD)

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Lee Clutter

(a) RESIDENCE NO. 104 No Greene ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) Dec 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed OCT 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-18 1928 to 10-20 1928

that I last saw her alive on 10-20 1928

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) Abdominal Lymphadenitis, Probably Hodgkins Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? X-Ray, Autopsy

(Signed) H. Lee Hartzog, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Oct 23 1928

20 UNDERTAKER George J Smith — ADDRESS 153 Collins

N. B. WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E38523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38523

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Maine Ave ST 28-64 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hoffman S. Furlong.

(a) RESIDENCE NO. 4202 Maine Av ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice C. Furlong.

6 DATE OF BIRTH (month, day, and year) Aug 13 - 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) — 001

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick - Md.

PARENTS

10 NAME OF FATHER Wm H. Furlong.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Miller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice C. Furlong (Address) 4202 Maine Av

15 Filed OCT 22 1928 19 C. HAMPSON JONES, M. D. Registrar

Per Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1928

17

I HEREBY CERTIFY, That I attended deceased from — , 1919 , to Oct 20 - , 1928 ,

that I last saw him alive on Oct 19 - , 1928

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis.

(duration) 10 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bamman Hood, M. D.

10/22 1928 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL Oct 23 1928

20 UNDERTAKER George J. Smith

ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, say so. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38524 E38524

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Brown

(a) RESIDENCE No. 1320 Rutter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Over~~	46 (O.K. WDC)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 29 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-15 1928 to 10-19 1928

that I last saw her alive on 10-19 1928

and that death occurred, on the date stated above, at 11 00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left with Rt. Hemiplegia and aphasia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C. H. Jones, M. D.

(Address) BALTIMORE CITY HOSPITALS

19 Date 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 10-22 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E38525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38525

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1801 South Ave (St.) Mt Washington (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Johnson Strickler

(a) RESIDENCE No. 1801 South Ave (St.) Mt Wash. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs 9 mos 11 ds. How long in U. S., if of foreign birth? 69 yrs 9 mos 11 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilgus E. Strickler

6 DATE OF BIRTH (month, day, and year) Jan-11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City, Md.

PARENTS

10 NAME OF FATHER Jarrett David Johnson

11 BIRTHPLACE OF FATHER (city or town) Jarrettsville (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Cline

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant LeRoy Strickler (Address) 1801 South Ave Balto. Md.

15 Filed OCT 24 1928 G. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22 1928

17 I HEREBY CERTIFY, That I attended deceased from December 20, 1927, to Oct. 22 1928,

that I last saw h alive on Oct. 22, 1928

and that death occurred, on the date stated above, at 6.35 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Left Breast

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Josiah S. Powers, M. D.

19 (Address) 1710 South Ave Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Oct 24 1928

20 UNDERTAKER STEWART & MONROE COMPANY (WILLIAM F. MONROE, Proprietor)

ADDRESS 108 W. NORTH AVE.

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38526

CERTIFICATE OF DEATH.

+ 189

F38526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. + 30 WARD)

2-FULL NAME Gillis Ridgely

(a) RESIDENCE NO. Ellicott City ST. Howard County WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5 1920

7 AGE — Years: 8 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Samuel W. Ridgely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Katharine Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Samuel W. Ridgley (Address): Ellicott City, Md

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

OCT 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Oct 22, 1928, that I last saw him alive on Oct 22, 1928, and that death occurred, on the date stated above, at 1 57 a m.

The CAUSE OF DEATH* was as follows:

Lacerated Forehead

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Cerebro-spinal Meningitis

(duration) yrs. mos. 2

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. U. Lumpkin, M. D.

10/22, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield cem Ellicott City Md — DATE OF BURIAL: Oct 24 1928

20 UNDERTAKER: Easton Bros — ADDRESS: Ellicott City Md

mation should be carefully supplied. AGE should be stated EXACTLY. Illegible or incomplete CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E38527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14th E38527

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital ST., 16-68 (WARD)

2-FULL NAME Mrs. Henrietta K. Schuder.

(a) RESIDENCE NO. 2714 Winchester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wife of Gustav W. Schuder.

6 DATE OF BIRTH (month, day, and year): 1896 - May 19.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32 yrs.	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Henry Wille.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Annie Gruninger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Hospital Records.

15 Filed OCT 22 1928 Per C. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21st 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/21/28 6.00 P.M. to 10/21/28 11.49 P.M.

that I last saw her alive on 11/21/28 11.00 A.M.

and that death occurred, on the date stated above, at 11.20 P.M.

The CAUSE OF DEATH* was as follows:

Placentae Praevae - (Central) premature separation - mild Internal Hemorrhage.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Ether

(duration) yrs. mos 12 hrs

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10/21/28.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Jno A Boyer Jr. M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 24 1928

20 UNDERTAKER: J. H. Teufel & Son ADDRESS: 501 N. Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38528 E38528

CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St 15-54 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F Wohrna

(a) RESIDENCE NO. 2139 N Pulaski St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15th 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	18	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Postal clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Parcel Post Delivery
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles F. Wohrna

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Florence E. F????

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Ruth Wohrna
(Address) 2139 N. Pulaski St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

OCT 22 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 6 P.M. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction
Due to
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Perforation of Gangrenous appendix
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Fahey M. D.
(Coroner)
Oct 22 1928 (Address) 1657 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 1 day ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Oct. 23rd

20 UNDERTAKER Martin Fahey Sons ADDRESS Saratoga St.

(Do not write in this space)

Cor.—12-9-25—A Co.—200 Bks.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Hejnal

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38529

100-001

E38529

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 7-12 ST., WARD)

2-FULL NAME Frank Hejnal

(a) RESIDENCE NO. 7247 N Rose St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Hejnal

6 DATE OF BIRTH (month, day, and year): July 12, 1873.

7 AGE: Years 55 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hardware Business

(b) General nature of industry, business, or establishment in which employed (or employer): at his Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Anna Hejnal (Address) 7247 N Rose St

15 Filed OCT 22 1928, 19 C. HAMILTON SIMS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 21, 1928,

that I last saw h... alive on October 21, 1928,

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia of both bases

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Louis F. Tuley, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 25 1928

20 UNDERTAKER: August Pasek — ADDRESS: 2406 Ashland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Pompilia Medori

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38530

CERTIFICATE OF DEATH

E38530

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pompilia - Medori

(a) RESIDENCE NO. 210 S. Haven ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? 9 yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Gaetano Medori

6 DATE OF BIRTH (month, day, and year) May 8th 1881

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Alexander Polga.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Asunta Polga

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 22 1928 19 ... HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 20, 1928, that I last saw h[illegible] alive on Oct 20, 1928 and that death occurred, on the date stated above, at 9 10 m.

The CAUSE OF DEATH* was as follows:

chronic myocarditis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Post mortem -

(Signed) Sidney A. Gladstone, M. D.

Oct 20, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Oct. 23rd 1928
20 UNDERTAKER Lilly & Sons Inc.	ADDRESS 403 S. Wood St

OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E38531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38531

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T B) 1726 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Greene

(a) RESIDENCE No. 508 Pennsylvania ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER West Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bell Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed OCT 29 1928 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Oct. 15, 1928, that I last saw her alive on Oct. 15, 1928, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C Smith M. D.

10-15, 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH question must be answered. TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38532

CERTIFICATE OF DEATH

31

E38532

1—PLACE OF DEATH Maryland Penitentiary Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 10-15 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James H. Jones

(a) RESIDENCE NO. Md. Penitentiary ST., WARD Seaford, Delaware
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45		Unknown		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work tractor Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Seaford
(State or country) Delaware

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant James H Jones
(Address) Md Penitentiary

15 Filed ..., 19 1891 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15, 192

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to October 15, 1928, that I last saw h im alive on October 15, 1928 and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Seaford Delaware

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chester Edwards M. D.

, 19 (Address) Md. Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

OCT 22 1928 HAMPTON JONES M D Commissioner of Health

UNIVERSITY OF MARYLAND

OCT 22 192

THE MORGUE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E38533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86 E38533

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1037 Vine Street St., 15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch Turner

(a) RESIDENCE NO. 1037 Vine Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Turner

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Lula Turner

(Address)

15 Filed OCT 22 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

10-18 1928 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. Date of Burial 19

20 UNDERTAKER ADDRESS

THE MORGUE. 28890

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

218979 E38534

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E38534

CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Mullineaux

(a) RESIDENCE NO. 1931 Edmondson ST., Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Mullineaux

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 2896 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 18, 1928

that I last saw him alive on Oct 18, 1928

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage
due to birth injury

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Woodruff, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact and full answers are important. See instructions on back of certificates.

OCT 22 1928 JOHN JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E38535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E38535

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S. Quail ST. 10-37 WARD)

2-FULL NAME Charles H. Weiss

(a) RESIDENCE NO. 501 S. Quail ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Weiss

6 DATE OF BIRTH (month, day, and year) 9/07/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry C F Weiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanneh Jinkand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Nellie Weiss

15 Filed Oct 22 1928 C. HAMPSON JONES, M. D. Registrar

Fee: Paid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1923 to Oct 21 1928, that I last saw him alive on Oct 20 1928, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Dod, M. D.

(Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem. — DATE OF BURIAL: Oct 23 1928

20 UNDERTAKER: John Ullrich — ADDRESS: 2008 Aisquith St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E38536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38536

CERTIFICATE OF DEATH

160

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 S. Ann. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Krzystynski.

(a) RESIDENCE NO. 523 S. Ann St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) Oct 21, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day 12 hrs. or min..
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Victor Krzystynski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Agnes Ches.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Mrs Wiktor Krzystynski

(Address) 523 S Ann St

15 Filed OCT 22 1928 19 C. HAMPSON JONES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from October 21, 1928 to October 21, 1928, that I last saw her alive on October 22, 1928, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Accident of Pregnancy: Partial Separation of Placenta.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Partial Asphyxia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James F. Marston, M. D.

10-22-1928 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Cem	Oct 22 1928
20 UNDERTAKER	ADDRESS
John M Weber	401 S Chester St

IF. B. WHITE PAPER, ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38537

CERTIFICATE OF DEATH

90 ✓ E38537

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE. (No.) 17 E. Wheeling ST. 23-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Leitz

(a) RESIDENCE NO. 17 E. Wheeling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Leitz

6 DATE OF BIRTH (month, day, and year): Dec 12. 1850

7 AGE — Years: 77 | Months: 10 | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Ga

PARENTS

10 NAME OF FATHER: Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: John Selig

(Address) 1201 E. Clinton St

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Oct 20, 1928, that I last saw her alive on Oct 19, 1928 and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

CONTRIBUTORY (Secondary): Chronic myocarditis (duration) Gradual yrs. mos. ds.

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilson, M. D.

10/21, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 10/23 1928

20 UNDERTAKER: Wilhelm Cook — ADDRESS: 522 E. North Ave

important. See instructions on back of certificates.

22 1928 C. HAMPSON JONES, M. D. Registrar

Spec. 6-9-19—H. P. Co.—1000 Bks.

E38538

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38538

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1721 Poplar Grove St ST. WARD)

2-FULL NAME. Baby Cramer

(a) RESIDENCE. NO. 1721 Poplar Grove St. ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Femal	Whit	Sngl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 19, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Edmund J. Cramer

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Bertha E. Nicholson

13 BIRTHPLACE OF MOTHER (city or town) Memphis
(State or country) Tenn

14 Informant Edmund J. Cramer
(Address) 1721 Poplar Grove St

15 Filed OCT 12 1928 19 C. HAMPSON JONES, M. D. Registrar

Par 2855

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 19, 1928,

that I last saw h.. alive on Oct 19, 1928,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Premature Delivery (6½ mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings.

(Signed) Geo. L. Wisely, M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. Particulars
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

E38539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 ✓ E38539

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 26-41 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Donnelly

(a) RESIDENCE NO. 4501 Valley View Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 6/1843

7 AGE: Years 85 Months 6 Days 14 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Daniel Donnelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland?

12 MAIDEN NAME OF MOTHER Easter Bradshaw

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland?

14 Informant Chas. E. Straney

(Address) 4501 Valley View Ave

15 Filed ... 19 ... C. H. MPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20/19 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis-

(Shock-Accidently fell in home & Fractured left hip.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

10-22-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath Cem Date of Burial 10/25 1928

20 UNDERTAKER: J. M. Cook ADDRESS: 6403 Belair Rd

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22 328

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38540

CERTIFICATE OF DEATH.

E38540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 N. Mt Holly St., 16-71 Ward)

2-FULL NAME Elizabeth Kreymborg

(a) RESIDENCE NO. 603 N. Mt Holly Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard J. Kreymborg

6 DATE OF BIRTH (month, day, and year): Oct 2-1846

7 AGE: Years 82 - Months - Days 18

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Kathmann

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Rhode

13 BIRTHPLACE OF MOTHER (city or town): Germany.

(State or country)

14 Informant: Elizabeth Weyman

(Address) 603 N. Holly St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Pat ACR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signature) C. Hampson Jones M. D.

(Address) 1001 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: Oct 23 1928

20 UNDERTAKER: Geo A Harley ADDRESS: 1805 N. Fayette St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38541

CERTIFICATE OF DEATH.

9 2 E38541

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Decker

(a) RESIDENCE NO. 310 Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Decker

6 DATE OF BIRTH (month, day, and year) Aug 22/1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	72	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Decker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary --------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mamie Borman

(Address) 1316 Edmondson Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Embolism-Senile Cerebral Degeneration.

lower,

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

10-22-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 10/23 28

20 UNDERTAKER William Coale ADDRESS 502 E North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E38542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

1-PLACE OF DEATH 3715 Caton Ave

CITY OF BALTIMORE: (No. ST. (WARD)

2-FULL NAME Wm Volman

(a) RESIDENCE NO. 3715 Caton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Volman

6 DATE OF BIRTH (month, day, and year) June 12-18 H

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Jacob Volman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Matilda Rot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Jane Volman

(Address) 3715 Caton Ave.

15 Filed 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Oct 21, 1928, that I last saw him alive on Oct 21, 1928 and that death occurred, on the date stated above, at 1145 Pm

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) [illegible], M. D.

, 19 (Address) 3321 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel DATE OF BURIAL Oct. 23 1928

20 UNDERTAKER George L. Schnabel ADDRESS 2101 Fulk. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E38543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38543

CERTIFICATE OF DEATH.

135

1-PLACE OF DEATH Md General Hosp. 11-24

CITY OF BALTIMORE: (No. Madison & Howard St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Beacham

(a) RESIDENCE NO. Westminster, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24, 1865

7 AGE: 73 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Beacham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emmett Ensor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp. Record (Address)

15 Filed 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 22, 1928,

that I last saw h in alive on Oct 22, 1928,

and that death occurred, on the date stated above, at 5 40 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate (adenoma)

(duration) 2 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Renal Suppression

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/18/28

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) H L Kaplan M. D.

10/22, 1928 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: W M Routson — ADDRESS: 2238 N Howard

Cor.—12-9-25—A Co.—200 Bks.

Robert Kuoy Eckert.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38544

CERTIFICATE OF DEATH.

F38544

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital St., 4-30 Ward

2-FULL NAME Robert Eckard

(a) RESIDENCE NO. Finksburg, Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 13, 1887.

7 AGE — Years: 40 Months: 7 Days: 9 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Turner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Westminster Hdw. Co.

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William K Eckert

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Emilie V Longley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: ~~Wife~~ Mrs Ollie E Eckert.

(Address): Finksburg Md. Edwin Warfield

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull Fell from roof While at work

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar Gill M. D.

(Coroner)

10/22 1928 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edwin Warfield Westminster Md — Date of Burial: Oct 25 1928

20 UNDERTAKER: H Bankard & Son — ADDRESS: Westminster Md

22 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E38545 E38545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore Eye, Ear & Throat Hosp WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Cross Russell

(a) RESIDENCE. NO. Reisterstown Md ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child.

6 DATE OF BIRTH (month, day, and year) March 29, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	30 ~~24~~ 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. B. Russell Deceased

11 BIRTHPLACE OF FATHER (city or town) Orleans (State or country) Va. U.S.A.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Pa.

14 Informant Chas B. Russell (Address) Reisterstown Md

15 Filed Oct 22, 1928 C. HAMPSON JONES, M. D. Registrar ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22, 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/5, 1928, to 10/22, 1928, that I last saw her alive on 10/22, 1928 and that death occurred, on the date stated above, at 5:23 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis
Tuberculosis of
Brain

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Reisterstown Md

Did an operation precede death? Yes Date of 10/10, 28

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Lewis Taylor, M. D.

, 19 (Address) 1214 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Oct 26 1928

20 UNDERTAKER John L. Miller ADDRESS 2435 E. Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

22 1928

E38546

1. PLACE OF DEATH
County Provident Hospital
City Balto. Md (No. ____ St. ____ Ward)

E38546 Registration Dist. No. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Mackall, Glen Arm Md 2 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Black	Married

6 DATE OF BIRTH: Sept. 12, 1877 (Month) (Day) (Year)

7 AGE: 51 yrs. ____ mos. ____ ds. (If LESS than 1 day ____ hrs. or ____ min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): ____

9 BIRTHPLACE (State or country): Md.

PARENTS
10 NAME OF FATHER: Isaac Freeland
11 BIRTHPLACE OF FATHER (State or country): Md
12 MAIDEN NAME OF MOTHER: Anderson
13 BIRTHPLACE OF MOTHER (State or Country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Benj Mackall
(Address) Glenarm Md

15 Filed OCT 22 1928 192__ CHAMSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 22 192 8
Oct (Month) 22 (Day) 1928

17 I HEREBY CERTIFY, That I attended the deceased from Oct 20 1928 to Oct 22 1928 that I last saw h[illegible] alive on Oct. 22. 1928, and that death occurred on the date stated above, at 10 A m.

The CAUSE OF DEATH * was as follows:

Apoplexy

? (Duration) ____ yrs. ____ mos. 9 ds.

Contributory Secondary ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Benj Stanmi M. D.
Oct 22 1928 (Address) Provident Hosp

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence Glen Arm Md

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Oct 24, 1928
20 UNDERTAKER: Clarence E. Arthur	ADDRESS: Fork Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Spec.—1-10-21—M&T—1500 Bks.

E38547 HEALTH DEPARTMENT—CITY OF BALTIMORE E38547

38

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. ST. 8-16 WARD)

2-FULL NAME Michael Rottenreich

(a) RESIDENCE NO. 1421 N. Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Francis Rottenreich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Anna Dempsey (Address) 1421 N Milton ave

15 Filed 25 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/20/28.19

I HEREBY CERTIFY, That I attended deceased from 10/17/28 .19 , to 10/20/28. .19 ,

that I last saw him alive on 10/20/28. .19 ,

and that death occurred, on the date stated above, at 10 25 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Facts

(Signed) Irving J. Pittman, M. D.

, 19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Redeemer Oct 23 1928

20 UNDERTAKER — ADDRESS

John C. Miller 2405 E dive

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E38548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38548

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Valley ST., 10-14 WARD)

2-FULL NAME George Edward Jones

(a) RESIDENCE No. 1030 Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Nettie B. Jones

6 DATE OF BIRTH (month, day, and year) Jan. 26. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer State of Maryland

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

PARENTS

10 NAME OF FATHER William H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Maryland

12 MAIDEN NAME OF MOTHER Susan Woodland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Maryland

14 Informant Mrs Elizabeth Ahsmann
(Address) 540 N. Lakewood Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25th, 1928, to Oct. 20th, 1928, that I last saw h alive on Oct. 21st, 1928, and that death occurred, on the date stated above, at 10;55 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? X Ray (G. Reins)

(Signed) Robert J. Kirk, M. D.

10/24 1928 (Address) 3126 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 23 1928

UNDERTAKER Hughes & Jones Inc. — ADDRESS 4 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38549
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

135

E38549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1000 Franklintown Rd. ST. WARD)

2-FULL NAME David Osmond Galloway

(a) RESIDENCE NO. 1000 Franklintown Rd. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Galloway

6 DATE OF BIRTH (month, day, and year) Feb. 17 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	82	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Havre De Grace Md.

PARENTS

10 NAME OF FATHER John Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Osmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mr. Leslie Galloway
(Address) 1000 Franklintown Rd

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 8 . 1928 . to Oct 24 . 1928

that I last saw h alive on Oct 24 . 1928

and that death occurred, on the date stated above, at 2a m

The CAUSE OF DEATH* was as follows:

Chronic Prostatitis, uremia following & produced urinary [illegible] duration) yrs — mos ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings & Urinalysis

(Signed) Thos. H. Phillips M. D.

. 19 (Address) 2300 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre De Grace Md. | DATE OF BURIAL Oct. 22 28

20 UNDERTAKER W. M. Hickner Sons | ADDRESS Havre De Grace Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38550

CERTIFICATE OF DEATH.

16-007

E38550

1-PLACE OF DEATH West Baltimore General

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 13-5-12 WARD)

2-FULL NAME Baby Robert Lee Morley

(a) RESIDENCE No. 3644 Beach Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28, 1928.

7 AGE — Years: — Months: 4 — Days: 23 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Raymond Morley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard County

12 MAIDEN NAME OF MOTHER Josephine Hobert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Josephine Morley

(Address) 3644 Beach Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1928. to Oct. 21, 1928.

that I last saw him alive on Oct. 21, 1928

and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Dysentary

2 weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

15 min. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Paul Rhenlen, M. D.

10/21, 19 28 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem Humphries — DATE OF BURIAL: Oct 23 1928.

20 UNDERTAKER: Walter Davis — ADDRESS: 2307 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

OCT 22 1928 RAMON JONES, M.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38551

CERTIFICATE OF DEATH.

11 2

E38551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Riggs Ave, ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Matthews.

(a) RESIDENCE No 1711 Riggs Ave, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Richard Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Julia Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary E. Matthews.
(Address) 1419 Orleans St.

15 Filed ..... 192 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion (Duration) yrs. mos. one hr.

CONTRIBUTORY (Secondary) Error of diet (Duration) yrs. mos. ds.

(Signed) F. C. Funk, M. D. (Coroner.)

Oct 21 192 (Address) 20 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery DATE OF BURIAL Oct. 23 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Carolina Ave.

IF A STILLBORN CHILD, WRITE THE WORD "STILLBORN" ACROSS FACE OF CERTIFICATE. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E38552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED NO. E38552

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 W Mulberry ST., 14-37 WARD)

2-FULL NAME Edna V Clark Gourley

(a) RESIDENCE NO. 1418 W Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Oscar Gourley

6 DATE OF BIRTH (month, day, and year) April 7, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Howard Clark

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Clark

13 BIRTHPLACE OF MOTHER (city or town) Howard Co.
(State or country)

14

Informant Matilda Clark Ireland
(Address) 1418 W Mulberry St.

15

Filed OCT 23 1928 19 Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/1928

17

I HEREBY CERTIFY, That I attended deceased from 10/15, 1928, to 10/21, 1928, that I last saw her alive on 10/21, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia
Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

(Address) 1500 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Mt. Auburn Cemetery

DATE OF BURIAL Oct. 24 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38553

E38553

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

REGISTERED NO.

City of BALTIMORE: (No. 206 N. Durham St., 6-9 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Saunders

(a) RESIDENCE NO. 206 N. Durham St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 10 mos. 15 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Saunders

6 DATE OF BIRTH (month, day, and year) Jan 7/1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	28	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Coal Co

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Saunders

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia Nichols

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Lydia Saunders

(Address) 205 N. Durham St

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Odema-Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 10-22-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

asbury cemery Oct 25 1928

20 UNDERTAKER ADDRESS

Edward Bryan Orleans st

OCT 29 1928 C. HAMPSON JONES, M. D.

845

Do not confuse the cause of death with the mode of dying, as, for example, HEART FAILURE, ASPHYXIA, ANEMIA, etc. These should be carefully supplied. Add a statement of the MEANS BY WHICH DEATH WAS CAUSED. Write plainly with pen and ink and use only standard abbreviations. The CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38554

CERTIFICATE OF DEATH.

100-001

E38554

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 25-32 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kramme.

(a) RESIDENCE NO. Cherry Hill, Westport ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Kramme.

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Silver Polisher

(b) General nature of industry, business, or establishment in which employed (or employer) Silversmith.

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John A. Kramme.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Engel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Fannie Sirenberg (daughter) (Address) Cherry Hill Westport

15 Filed OCT 29 1928 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1928, to Oct 21, 1928, that I last saw HE alive on Oct. 28, 1928, and that death occurred, on the date stated above, at 3.30 A.M.

The CAUSE OF DEATH* was as follows:

Bronchi-pneumonia
Cardiac Failure

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Delirium Tremens

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) H. Goldsmith, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Oct 24 1928

20 UNDERTAKER A. Howard Evans ADDRESS 858 Fulton

OCT 29 1928 S. HANSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E38555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E38555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Byrd. (St.) 14-34 (WARD)

2-FULL NAME Marian Richert

(a) RESIDENCE NO. 1711 Byrd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Richert

6 DATE OF BIRTH (month, day, and year): Oct. 15. 1901

7 AGE: Years: 21 Months: Days: 6. If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William Strobel.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth Kegel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: William Strobel (Address) 1711 Byrd st.

15 Filed ..... 19 ..... Registrar

OCT 29 1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Oct 21, 1928, that I last saw h[illegible] alive on Oct 21, 1928, and that death occurred, on the date stated above, at 5.15 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 11 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Corbran, M. D.

(Address) 3100 Harford Road

Oct 29 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Cemetery

DATE OF BURIAL: Oct 24 1928

20 UNDERTAKER: Geo. A. Ruth

ADDRESS: 1735 Harford

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38556
1-PLACE OF DEATH

REGISTERED NO. E38556

City of BALTIMORE: (No. 1418 E. Vincent St., 15-21 Ward)

2-FULL NAME Leo E. Woods

(a) RESIDENCE NO. 1418 E. Vincent St. Ward
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: Col
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17-1878

7 AGE: Years 50 | Months 5 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md.

PARENTS

10 NAME OF FATHER: Thos Woods
11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)
12 MAIDEN NAME OF MOTHER: Virginia Chase
13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Florence Proctor
(Address): 1002 Wagon Alley

15 Filed....., 19 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) 2 Yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) F. Proctor M. D.
(Coroner) 1928
(Address) 1002 Wagon Alley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Oct, 23 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38557

CERTIFICATE OF DEATH.

101-001

15-23

REGISTERED NO. E38557

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1341 N. Stockton St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Holley

(a) RESIDENCE NO. 1341 N. Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. Holley

6 DATE OF BIRTH (month, day and year): 1873

7 AGE: Years 53 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): St Mary's Co. Md

(State or country)

PARENTS

10 NAME OF FATHER: Thos. Jackson

11 BIRTHPLACE OF FATHER (city or town): St Mary's Co.

(State or country) Md

12 MAIDEN NAME OF MOTHER: Eliza —

13 BIRTHPLACE OF MOTHER (city or town): St Mary's Co Md

(State or country)

14 Informant: Maggie Johnson

(Address) 2011 N. Henry St

15 Filed ..... 19 .....

C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 22 1928

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Link M. D.

(Address) Valley & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Co Md

Date of Burial: Oct 24 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E38558 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 F38558

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 10-14

CITY OF BALTIMORE (No.) 1006 E. Chase ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Schnepper.

(a) RESIDENCE NO. 1806 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

Life

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis H Knepper

6 DATE OF BIRTH (month, day, and year): Sept 3-1862

7 AGE: Years 66. Months 1 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Melchior Schleff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Yorkmoor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis H. Knepper

(Address) 1006 E. Chase St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 21-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27- 1925, to Oct. 21- 1928.

that I last saw him alive on Oct. 19- 1928.

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency Cardiac Hypertrophy, Chronic Nephritis

Duration 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edward Bruner, M. D.

10/23 1928 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Can — DATE OF BURIAL: Oct 24 1928

20 UNDERTAKER: Wm E. Miller & Son — ADDRESS: 2334 Eutaw

Important. See instructions on back of certificates.

OCT 26 1928 CHARLES JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38559 E38559

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Dumbarton ave ST. 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A. Lewis

(a) RESIDENCE No. 610 Dumbarton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F Lewis

6 DATE OF BIRTH (month, day, and year) May 22, 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	5 4	16 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James C Morford Md

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Miss Elizabeth A. Lewis (Address) 610 Dumbarton ave

15 Filed Oct 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct 21, 1928, that I last saw her alive on Oct 20, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of femur resulting in rapid decline of strength

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Rapid decline of Strength

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Oct 25, 1928 (Address) 5106 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Oct 24 1928

20 UNDERTAKER: Chas B Spence — ADDRESS: 1325 N. Carolina St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMILTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E38560

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

CERTIFICATE OF DEATH.

E38560

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

2-FULL NAME Geo. E. Martin

(a) RESIDENCE NO. 2717 Towson Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Records

(Address)

15 [illegible] 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery (Bacillis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

10-22-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem Date of Burial 10/23 1928

20 UNDERTAKER John T. Dabney & Sons ADDRESS 1311 Eutaw Pl

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 23 1928 C. HAMILTON JONES M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38561

CERTIFICATE OF DEATH

56 E38561

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Dolphin ST. 17-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florida Torrence

(a) RESIDENCE NO. 503 Dolphin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 11 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mtn.
	4	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert W. Torrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) No. C.

12 MAIDEN NAME OF MOTHER G. Minick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robert Torrence (Address) 503 Dolphin St.

15 Filed OCT 23 1928 19 C. HAMILTON ROBB, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/19/28

17 I HEREBY CERTIFY, That I attended deceased from 10/14, 1928, to 10/19, 1928, that I last saw h. Ex alive on 10/19, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Rachitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Carl, M. D.

Oct 20, 1928 (Address) 503 Dolphin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. F. Zion — DATE OF BURIAL 10/23 1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Important: See instructions on back of Certificate

Spec.-7-17-26—A Co.—200 Bks.

E38562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38562

CERTIFICATE OF DEATH

112

1-PLACE OF DEATH

City of BALTIMORE: (No. 2024 Fleet St. 9th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Chester Tomczewski

(a) RESIDENCE NO. 2024 Fleet St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14 1928

7 AGE Years 2 Months Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indostry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry C Tomczewski

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Stefania Rakawska

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Stefania Tomczewski (Address) 2024 Fleet St.

15 Filed OCT 23 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13 1928 to Oct. 22 1928 that I last saw him alive on Oct. 21 1928 and that death occurred, on the data stated above, at 2.50 P.M.

The CAUSE OF DEATH* was as follows:

Hypertrophic Stenosis of Pylorus

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exaustion

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P M [illegible]

(Signed) John J. Kelly M. D.

19 (Address) 622 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary cem Date of Burial Oct 23 1928

20 UNDERTAKER John M Weber ADDRESS 410 S Chester

OCT 23 1928 HAMPSON [illegible] M D

Burial

Form Showing the Cause of Death should be carefully prepared, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E38563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38563

43

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 2017 Sparks Court ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Clemson

(a) RESIDENCE No. 2017 Sparks Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clemson

6 DATE OF BIRTH (month, day and year) Oct 4 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Fearing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Aul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Clemson

(Address) 2017 Sparks Court

15 Filed 10/25, 1928 ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Oct. 23, 1928, that I last saw him alive on Oct. 22, 1928, and that death occurred, on the date stated above, at 5 AM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue with general cachexia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Steigler, M. D.

(Address) 1000 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity C. Lemmell — DATE OF BURIAL 10/25/28

20 UNDERTAKER Jno Wilbert Son — ADDRESS 2503 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

HARRISON JONES, M. D.

23 1929

Spec.—2-29-28—L. F. S.—500 Bks.

E38564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E38564

1—PLACE OF DEATH Hilton Court Apts., A-1

CITY OF BALTIMORE: (No. Liberty Heights & Hilton ST., 31st WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Simmont

(a) RESIDENCE NO. Hilton Court Apts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 4 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Simmont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Julia A. Chapman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Adelaide E. Simmont

(Address) Hilton Court Apts.

15 Filed , 19

C. HAMPSON JONES, M. D.

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22/28

17

I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1928, to Oct 22nd, 1928, that I last saw her alive on Oct 22nd, 1928 and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

aortic obstruction with Hypertrophy & dilatation

(duration) 25 yrs. (about) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. Hall Knight M. D.

, 19 (Address) 3711 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemty — DATE OF BURIAL Oct. 24, 1928

20 UNDERTAKER John C. Mitchell & Son — ADDRESS 1900 Eutaw Pl

Spec.—1-12-23—M&T—500 Blks.

E38565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38565

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-1 WARD)

2-FULL NAME James Barry

(a) RESIDENCE No. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER David Barry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nora Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21st, 19 , to , 19 , that I last saw h alive on Oct 21 , 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

23, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Oct-24 1928

20 UNDERTAKER Pula Wiedefeld?

ADDRESS Greenmt Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E38566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38566

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) 16-67 (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Blazek

(a) RESIDENCE NO. 2927 Aisquith Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jos. Blazek

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Barbara Sivers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Jos. Blazek (Address) 2927 Aisquith Ave.

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1928, to Oct 23, 1928, that I last saw him alive on Oct 23, 1928 and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

Cause undetermined

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nicholas M. Bonelli A. B. M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Oct 24 1928

20 UNDERTAKER Jos Joerdens Son ADDRESS 2473 Bank

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E38567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128E38567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130x Madison Av ST. 11-24 (WARD)

2-FULL NAME Mary Nash

(a) RESIDENCE No. 130x Madison Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Nash.

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years 53 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Bryant 130x Madison Av

(Address)

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/1924

17

I HEREBY CERTIFY, That I attended deceased from 9/18, 1924, to 10/21, 1924,

that I last saw h[illegible] alive on 10/21, 1924,

and that death occurred, on the date stated above, at 5:45 p m

The CAUSE OF DEATH* was as follows:

A. Nephritis

× Uremia

(duration) yrs 1 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. Emphlett, M. D.

10/22 1924 (Address) 2139 E. Pr. Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL 10/24 1924

20 UNDERTAKER Samuel Hamby

ADDRESS 1[illegible]

C. HARRISON [illegible] M. D.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38568 — REGISTERED NO. E38568

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Hill

(a) RESIDENCE NO. 1319 Forest Circle Sparrows Point Md ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Minnie Hill

6 DATE OF BIRTH (month, day, and year) January 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worker in Tin Mill

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Dr

9 BIRTHPLACE (city or town) ..... (State or country) West Va

PARENTS

10 NAME OF FATHER Tom Hill

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) West Va

12 MAIDEN NAME OF MOTHER Lidella Dennison

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) West Va

14 Informant Records JOHNS HOPKINS HOSPITAL

(Address) .....

15 Filed 23 1928 ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 23 1928, that I last saw h alive on Oct 23 1928 and that death occurred, on the date stated above, at 1 45 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of the face, Sub temporal abscess

Septicaemia

Cavernous Sinus Thrombosis

..... (duration) ..... yrs. ..... mos. 6 da.

CONTRIBUTORY (Secondary) Ulcerations of the nose, Syphilis

..... (duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 21, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - Pneumonia

(Signed) Clarence Gardner Jr., M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview W Va — DATE OF BURIAL Oct 23 1928

20 UNDERTAKER E. A. Inman — ADDRESS 300 E Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38569

E38569

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1725 Patterson Park ave ST., 8-16 WARD)

2—FULL NAME Sabina Yost

(a) RESIDENCE NO. 1725 Patterson Park ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Yost

6 DATE OF BIRTH (month, day, and year): — 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs Florence O Yost

(Address): 1725 Patterson Park ave

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1922 to Oct 21 1925, that I last saw h alive on Oct 21 1925 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

followed by Bronchopneumonia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Bruce J Young, M. D.

Oct 22, 1925 (Address) 1906 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore cemetery

DATE OF BURIAL: Oct 24 1925

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W. South ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38570

CERTIFICATE OF DEATH.

191 E38570

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: No. West Balto Gen Hosp 16-68 Ward

2-FULL NAME J. A. Lyons

(a) RESIDENCE NO. 1431 Polar Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): Dec. 4 1892

7 AGE: Years 36 Months 10 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ins. Agent.

(b) General nature of industry, business, or establishment in which employed (or employer): Security

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Malachy J. Lyons

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Winn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant (Address): Mrs Edw. Monaghan 1431 Polar Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22nd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Vagus Nerve

due to Pistol Wound of Neck

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Lee Lusk M. D.

(Coroner)

(Address) 19th & Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Fulton Ave & Baker St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 10-24-1928

20 UNDERTAKER: H. Brauning's Son ADDRESS 1136 Fulton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Kimmel

HEALTH DEPARTMENT—CITY OF BALTIMORE

21905-2

E38571

CERTIFICATE OF DEATH

113

E38571

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-52 ST. WARD)

2—FULL NAME James Kimmel

(a) RESIDENCE NO. 3918 Elm Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-17-28

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Nil

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Geo. Kimmel

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Alma Rofsbach

13 BIRTHPLACE OF MOTHER (city or town) Ga —
(State or country)

14 Informant Records —
(Address)

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 28

17

I HEREBY CERTIFY, That I attended deceased from Oct-20, 1928, to Oct 22, 1928, that I last saw him alive on Oct-22, 1928 and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Sclero-cd. Ves

?

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) G. C. Jacobson, M. D.

10/23, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Co. Locust Valley Cem Md.

DATE OF BURIAL 10/25 19 25

20 UNDERTAKER Walter Davis 3307

ADDRESS

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

44359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38572

CERTIFICATE OF DEATH. 179

E38572

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6122 Belair Rd. ST., 27-42 WARD)

2-FULL NAME Eunice E Caples

(a) RESIDENCE NO. Fisherberry Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 27 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
	5 yrs	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Fisherberry Md

PARENTS

10 NAME OF FATHER Robt J. Caples

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Shelby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Walter J Hughes

(Address) 6124 Belair Rd

15 Filed OCT 24 1928 19 H. HAMILTON JONES, M. D. Registrar

By RUK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21st 1928, to Oct 24 1928,

that I last saw her alive on Oct 22nd 1928,

and that death occurred, on the date stated above, at 2 40 A m.

The CAUSE OF DEATH* was as follows:

Accidental - Clothing caught on fire from playing with matches Causing burns of body

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Obvious signs

(Signed) Edw O Bergamy, M. D.

10/24/1928 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Providence — DATE OF BURIAL Oct 26 1928

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

see letter in file 10/30/28

E38573

HEALTH DEPARTMENT—CITY OF BALTIMORE

John Talski

CERTIFICATE OF DEATH.

188-138573

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Kmirsity Hospital 22-29 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Talski

(a) RESIDENCE NO. Unknown St. 712 Baur St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 32 Years 45? Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Hospital Record

(Address)

15 Filed....., 19

2899 Reg't Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry and from inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Spleen
Struck by automobile

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Cotter M. D.
(Coroner)

10/22, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial 10/24/28

20 UNDERTAKER: J. Edward Meehan ADDRESS 423 E. Pratt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E38574 HEALTH DEPARTMENT—CITY OF BALTIMORE E38574

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-27 ST., WARD)

2-FULL NAME Levi, Frank

(a) RESIDENCE No. 1633 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Eva Levi

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days — If LESS than 1 day, hrs or min.

Given by stepson

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Indiana~~ Maryland

PARENTS

10 NAME OF FATHER: Samuel Levi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana Md.

12 MAIDEN NAME OF MOTHER: Mary America

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ~~Indiana~~ Md.

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 Filed — . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19. 1928. to Oct. 22. 1928.

that I last saw h alive on Oct. 22. 1928

and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic Toxic

Myocardial Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Syphilis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys & Laboratory

(Signed) H. St. Huck, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Church Cem

DATE OF BURIAL: 10-25-28

20 UNDERTAKER: Dahlke Eastern

ADDRESS: 916 Pa ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E38575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 E38575

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Eu 233 Grindall ST., 24th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Donald Anthony

(a) RESIDENCE NO. 233 Grindall ST., 24th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. 8/10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Leo B. Anthony

11 BIRTHPLACE OF FATHER (city or town) Queenstown
(State or country) Md.

12 MAIDEN NAME OF MOTHER Gladys R. Willett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Leo B. Anthony
(Address) 233 Grindall st

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 23, 1928, that I last saw him alive on Oct 22, 1928 4 10 P m. and that death occurred, on the date stated above, at 4 10 P m.

The CAUSE OF DEATH* was as follows:

Entero-colitis.

(duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1314 Light St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 26, 19 8
20 UNDERTAKER	ADDRESS
John F Denny	715 Light St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38576

CERTIFICATE OF DEATH.

E38576

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital St., 18-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Zalk

(a) RESIDENCE NO. 31. N. Carey.Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Zalk

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Leon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis. 1439 E. Balto St.

(Address)

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bron chop Pneumonia

Fell at home fracturing left Femur - Taken to Franklin Sq. Hospital (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

(Signed) Chas. H. Crooke M. D.

(Coroner)

10/24 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Hebrew Rondale 10/24 1928

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38577

CERTIFICATE OF DEATH

31 E38577

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 12 - Bartlett ST., Gold WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Webb

(a) RESIDENCE NO. 12 E Bartlett Av
(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard D. Webb

6 DATE OF BIRTH (month, day, and year): 9/19/1900

7 AGE: Years 28 | Months 1 | Days 4 | If LESS than 1 day hrs. or min. X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James J. McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eliz G. Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. McDermott

(Address) 12 Bartlett av

15 Filed OCT 24 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23/28

17 I HEREBY CERTIFY, That I attended deceased from July, 1927, to Dec 23, 1928, that I last saw her alive on Dec 22, 1928 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY (Secondary) Exhaustion (duration) 1 yrs. 3 mos. ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Campbell, M. D.

Dec 23 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cath. Cem

DATE OF BURIAL: 12/26/28

20 UNDERTAKER: Geo J Rubb Jr

ADDRESS: 1735 Hanford

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38578

100-901 E38578

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1534 Linden Ave ST., 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elise Ascherfeld

(a) RESIDENCE NO. 1534 Linden Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Ascherfeld

6 DATE OF BIRTH (month, day, and year) Sept. 24, 1834

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	94	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George L. Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Hahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred. A. Ascherfeld

(Address) 1710 N. Broadway

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 23, 1928, that I last saw h[er] alive on Oct 23, 1928 and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Ludwig, M. D.

, 19 (Address) 1733 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Angel Hill Cem'ty, Havre de Grace Md.	Oct. 25, 1928
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38579

CERTIFICATE OF DEATH

3 1 E38579

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 501 S. Milton Ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret E. Evans.

(a) RESIDENCE NO. 501 S. Milton Ave ST. 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard Evans.

6 DATE OF BIRTH (month, day, and year) Dec. 10th 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Frederick E. Henning

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Appel

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Frederick W. Henning
(Address) 119 S. Linwood Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct - 21, 1928, to Oct 23 —, 1928, that I last saw h— alive on Oct - 21 —, 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis —

(duration) ... yrs. 4 mos. 9 ds.

CONTRIBUTORY (Secondary) Contributory

(duration) ... yrs. 1/2 mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No —

What test confirmed diagnosis? ✓

(Signed) Dr. [illegible] M. D.

19 (Address) 125 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Oct. 26th 1928
20 UNDERTAKER	ADDRESS
Lilly - Zeiler Inc	403 S. Wolfe St

Year putting - but was today 1

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38580

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. E38580

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 n Gilmor St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brayton

(a) RESIDENCE NO. 212 n Gilmor St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 40 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: George Ashby

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Chas E Brayton

(Address) 212 N. Gilmor St

15 Filed ..... 19 ..... Registrar

OCT 29 1928

C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Oct 20-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 20, 1928, that I last saw h[illegible] alive on Oct 20, 1928, and that death occurred, on the date stated above, at 10 40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Dilitation of heart

Gallstone (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J Edward Fisher, M. D.

10-22 1928 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem Date of Burial 10-24 1928

20 UNDERTAKER: Daniel Easton - Demoa ADDRESS 916

OF DEATH in plain terms, so that it may be properly classified. Last Statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38581

CERTIFICATE OF DEATH

E38581

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 33rd & Calvert ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Beynon

(a) RESIDENCE NO. 808 Winston Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt of Copper works

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Beynon

11 BIRTHPLACE OF FATHER (city or town) Wales
(State or country)

12 MAIDEN NAME OF MOTHER not obtainable

13 BIRTHPLACE OF MOTHER (city or town) Wales.
(State or country)

14 Informant John Beynon
(Address) 808 Winston Ave

15 Filed ..., 19... Registrar

OCT 24 1928 H. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 22, 1928, that I last saw h alive on Oct 22, 1928 and that death occurred, on the date stated above, at 7:02 P m.

The CAUSE OF DEATH* was as follows:

Chronic cardio vascular renal disease.

D.C. Coroner not known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia, Pneumonia not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood chemistry Microscopical findings

(Signed) Francis W. Sluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Oct 24, 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—2-29-28—L. F. S.—500 Bks.

E38582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E38582

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4213 Penhurst ave ST., 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles J. Maasch

(a) RESIDENCE NO. 4213 Penhurst ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula M. Maasch

6 DATE OF BIRTH (month, day, and year) Feb. 14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	8	7 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Himself

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Theo. E. Maasch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Mauget

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Lula M. Maasch

(Address) 4213 Penhurst. Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22/28

17 I HEREBY CERTIFY, That I attended deceased from June-5 , 1927, to Oct 22 - 1928

that I last saw h — alive on Oct 16 , 1928

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcio-Vascular-(Sclerosis) Dis

(Angina Pectoris)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis (embolism)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) [illegible] M. D.

, 19 (Address) 125 W Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Oct 25 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38583

CERTIFICATE OF DEATH.

32 E38583

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 525 N Central Ave ST., 5-8 (WARD)

2-FULL NAME Lillian Collins

(a) RESIDENCE NO. 525 N Central Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 8, 1927

7 AGE: Years 1 Months 3 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Hankins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mamie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mamie Collins (mother) 525 N Central Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 22 1928, that I last saw her alive on Oct 21, 1928, and that death occurred, on the date stated above, at 7-40 A m.

The CAUSE OF DEATH* was as follows:

Meningitis probably Tuberculous (duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R T Young, M. D.

10/24, 19... (Address) 1429 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. DATE OF BURIAL: Oct. 24. 28

20 UNDERTAKER: Mrs J. G. Locks ADDRESS: 1302 Jefferson

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38584

CERTIFICATE OF DEATH

REGISTERED NO. 91-002 E38584

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6306 Hartford Road WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chas Wm Bethel

(a) RESIDENCE NO. 6306 Hartford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

6 DATE OF BIRTH (month, day, and year): Oct 2, 1848

7 AGE: Years 76 | Months | Days 20 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Bethel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katharine Adler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm E Bethel

(Address) 6306 Hartford Road

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 22, 1928, that I last saw him alive on Oct 22, 1928, and that death occurred, on the date stated above, at 7.40 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (many years) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

10/22/1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Md.	Oct. 25 1928
20 UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E38585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E38585

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: No. [redacted] ST. [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Moore

(a) RESIDENCE NO. 154 No Gay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE: 62 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER Nathan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 24 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23-28

17 I HEREBY CERTIFY, That I attended deceased from 10-7, 1928, to 10-23, 1928, that I last saw him alive on 10-23, 1928 and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis acute
Myocardial Insufficiency

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) H. W. Stark, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: 10/25 1928

20 UNDERTAKER: Wm Cook | ADDRESS: 307 Elliott Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001

E38586

CERTIFICATE OF DEATH

REGISTERED NO. E38586

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1628 Baxter ST., 25 WARD)

2—FULL NAME Hilda Marie Miller

(a) RESIDENCE NO. 1628 Baxter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 4, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer L. Grief & Bro.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Hare

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Edwin Miller
(Address) 1628 Baxter street

15 Filed Oct 24, 1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Oct 22, 1928,

that I last saw her alive on Oct 22, 1928

and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Wm A Strauss, M. D.

10/23, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	19
20 UNDERTAKER Oswald Cook	ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E38587 HEALTH DEPARTMENT—CITY OF BALTIMORE E38587

CERTIFICATE OF DEATH 74-001

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 2813 Fait Ave ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonina Lukaszewicz

(a) RESIDENCE NO. 2813 Fait Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Mr. Michalski
(Address) 2813 Fait Ave

15 Filed ..... 19 .....
P. ..... Registrar

C. HAMPSON JONES, M. D.
OCT 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22.28

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 22, 1928
that I last saw h[illegible] alive on Oct 22, 1928
and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rynarz M. D.

19 (Address) 801 N Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Polish National Holy Cross INDEPENDENT

DATE OF BURIAL Oct 25/1928 19

20 UNDERTAKER George A Meher

ADDRESS 705 S. Arnold

Spec.—2-29-28—L. F. S.—500 Bks.

E38588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38588

CERTIFICATE OF DEATH

21

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 25 ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Melvin Tormey

(a) RESIDENCE NO. 3428 Wilkens Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) NONE

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Amelia Warbel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Sydenham Hosp records

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 19 28, to Oct 23, 19 28, that I last saw h in alive on Oct 23, 19 28 and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Empiepelas

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) A Kaufman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Oct 25 28

20 UNDERTAKER Jos Jourdens + Son — ADDRESS 217 S. Paca

Spec.—1-12 23—M&T—500 Bks.

E38589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 31 E38589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1607 Mc Elderry ST., 7-9 WARD)

2-FULL NAME Amelia Quick

(a) RESIDENCE NO. 1607 Mc Elderry ST., WARD Hamlet N. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 26-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or empioyer)

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Eaphron Church

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Emmie Church

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Sherman Smith
(Address) 1607 Mc Elderry St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1928, to Oct. 23 1928, that I last saw h[illegible] alive on Oct 23, 1928, and that death occurred, on the date stated above, at 1 50/17 m.

The CAUSE OF DEATH* was as follows:

Bi later Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ———

(Signed) Calvin B. Le Compte, M. D.

, 19 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamlet N C, DATE OF BURIAL Oct 24 1928

20 UNDERTAKER Robt E Williams ADDRESS 1515 Mc Elderry St

FROM A VERY IMPORTANT ... SEE INSTRUCTIONS ON BACK OF CERTIFICATE

4 1928 HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38590

CERTIFICATE OF DEATH.

101-001 ✓ E38590

6-9

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Enroute Hopkins Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Duncan Davis

(a) RESIDENCE NO. 1509 E. Fayette St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Davis

6 DATE OF BIRTH (month, day, and year) August/1893

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	35	2	---	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Sanitary Co.

9 BIRTHPLACE (city or town)

(State or country) Hamlet, N.C.

PARENTS

10 NAME OF FATHER Chas. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hamlet, N.C.

12 MAIDEN NAME OF MOTHER Harriet ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Emma Davis (wife)

(Address) 2803 Chicago Ave. Portsmouth Va.

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h/s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ____ yrs. ____ mos. 5? ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. L. Holman M. D.

(Coroner)

10/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va. Date of Burial 10/24 1928

20 UNDERTAKER Wm J. & J. Locke ADDRESS 1302 Jefferson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38591

CERTIFICATE OF DEATH.

80 E38591

1-PLACE OF DEATH

City of BALTIMORE: (No. 3534 Buenaventa Av. St. 13-57 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Infant Hill

(a) RESIDENCE NO. 3534 Buenaventa Av St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct 21-'28

7 AGE: Years — | Months — | Days 2½ | IF LESS than 1 day .....hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Frostburg Md

(State or country)

PARENTS

10 NAME OF FATHER: Gilbert L. Hill

11 BIRTHPLACE OF FATHER (city or town): —

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A. Lindsay

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Va

14 Informant: Gilbert L. Hill

(Address) 3534 Buenaventa Av

15 Filed ..... 19 ..... 2901 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Oct 23, 1928, that I last saw h[illegible] alive on Oct 23, 1928, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Debility

Convulsions 4 d

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. L. Frary, M. D.

, 19 (Address) 2704 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER: Dek Brissieher Memo. ADDRESS

C. HAMPSON JONES, M. D.

OCT 24 1928

Very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E38592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E38592

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry H. Cole

(a) RESIDENCE NO. 1723 E. Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Cole

6 DATE OF BIRTH (month, day, and year): June 5 1872

7 AGE: Years 56 Months 4 Days 18 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Coal.

(c) Name of employer: Cola Coal Co.

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Cole

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Virginia Waugh.

13 BIRTHPLACE OF MOTHER (city or town): Mass.

(State or country)

14 Informant: Carrie Cole

(Address) 1723 E Lafayette Ave.

15 Filed ..., 19.. C. HARRISON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/23/28

17 I HEREBY CERTIFY, That I attended deceased from 10/8/28, 19.. to 10/23/28, 19.., that I last saw him alive on 10/23/28, 19.., and that death occurred, on the date stated above, at 3:20 a.m. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? Yes Date of 10/12/28

Was there an autopsy?

What test confirmed diagnosis? Observation

(Signed) E. S. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Oct 25 1928

20 UNDERTAKER: Young & Sons — ADDRESS: 4 E. Lanvale

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

24 1928

Cor.—12-9-25—A Co.—200 Bks.

E38593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165 E38593

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2423 Callow Ave. St. 13-54 Ward)

2-FULL NAME Sidney Felsenfeld

(a) RESIDENCE NO. 2423 Callow Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Birdye C. Felsenfeld

6 DATE OF BIRTH (month, day, and year) April 20th. 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mnfgr. Products.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Felsenfeld

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Birdye Felsenfeld

(Address) 2423 Callow Ave.

15 Filed ....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23rd. 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Suspected Acute Poison

Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Jos. Morrison M. D.

(Coroner)

Oct 24 1928 (Address) 3532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Friendship Cem.	10/25/ 19 28

20 UNDERTAKER David Sondheim ADDRESS 1-2 Fairmont Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E38594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38594

CERTIFICATE OF DEATH.

65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Georgian Court Apt. (St.) 11-59 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Katz.

(a) RESIDENCE No. Georgian Court Apts (St.) Druid Ave. n. Eutaw (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mns. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Sigmund Katz.

6 DATE OF BIRTH (month, day, and year): June 1, 1879.

7 AGE: Years 49 Months 4 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlotte N. C.

PARENTS

10 NAME OF FATHER: Wolf Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Rachel Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Sister Same address.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from 1925 to Oct. 23, 1928.

that I last saw her alive on Oct. 23, 1928

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute myeloid leukemia.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Bronchio-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood examination

(Signed) L. Goldsmith M. D.

10-23-1928 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohab Shalom Cem.

DATE OF BURIAL: 10/26/1928

20 UNDERTAKER: Baird Sondheim

ADDRESS: 418 Lexington Park Ave

CAUTION is very important. See instructions on back of certificates.

24 1928 C. HENDERSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E38595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38595

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-7 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M Cornelius W. O. Shea

(a) RESIDENCE NO. 461 Franklin St. Elmira N.Y. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie O Day

6 DATE OF BIRTH (month, day, and year): Jan 22 1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elmira N.Y.

PARENTS

10 NAME OF FATHER: Timothy O Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Helena Driscoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): P. H. O'Shea Elmira N.Y.

Filed 10 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 24 28.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1928, to Oct 24 1928.

that I last saw h alive on Oct. 24 1928

and that death occurred, on the date stated above, at 10.50 p m.

The CAUSE OF DEATH* was as follows:

~~Carcinoma~~ Duodenal Ulcer, Gastro Enterostomy for.

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Multiple embolae to lungs and brain (duration) yrs. 5 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 16 28

Was there an autopsy? yes

What test confirmed diagnosis? X Ray & Phys. Exam

(Signed) R M. Erickson M. D.

, 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elmira N.Y.

DATE OF BURIAL: Oct 28 28

20 UNDERTAKER: M. Tobey & Sons

ADDRESS: 822 N Main Ave.

CAUSE OF DEATH to be plain terms, so that it may be properly TION is very important See instructions on back of certificates.

Penna R.R. CHAMPION JONES, M. D.

Scott 1-28 O'Shea Little Registrar

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

180-001

E38596

CERTIFICATE OF DEATH.

E38596

1-PLACE OF DEATH

City of BALTIMORE: (No. 1363 N. Carey St. 15-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Clark

(a) RESIDENCE NO. 1363 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. one mos. yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept 5 1928

7 AGE: Years — Months: one — Days: 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country):

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Clark

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country):

14 Informant: Martha Clark

(Address): 1363 N. Carey

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Accident)

Smothered to death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) under cons

(duration) yrs. mos. ds.

(Signed) C. Leslie Clark M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvery — Date of Burial: Oct 25 28

20 UNDERTAKER: John H. Toadvine — ADDRESS: 1027 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 25 1928

HEALTH DEPARTMENT--CITY OF BALTIMORE

E38597

CERTIFICATE OF DEATH

161-001

E38597

REGISTERED No. C

1 PLACE OF DEATH Sinai Hospital.

CITY OF BALTIMORE (No. Mitchell St. Baltimore ST.) 28-66 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas Leo Weaver

(Residence in Baltimore: No. 5211 Windsor Mill Rd. Balto - St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ~~October~~ Aug 28, 1928 (Month) (Day) (Year)

7 AGE: yrs. 1 mos. 26 ds. (7 weeks -) If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 0-0

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Leo Weaver Sr.

11 BIRTHPLACE OF FATHER (State or country): Baltimore -

12 MAIDEN NAME OF MOTHER: Ruth Schroder

13 BIRTHPLACE OF MOTHER (State or country): Baltimore -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas L. Weaver
(Address) 5211 Windsor Mill Rd.

15 Filed ..... , 191.. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 24, 1928. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Oct 24 1928, that I saw h[illegible] alive on Oct 24, 1928, and that death occurred, on the date stated above, at 10 a m.
The CAUSE OF DEATH* was as follows:
Premature Infant
Prematurity -

(Duration) yrs. 7 weeks mos. ds

Contributory ~~Gastro Enteritis~~, Exhaustion
(SECONDARY)

(Duration) yrs. mos. 7 ds.

(Signed) Edward S. Weaver M. D.
Oct 27, 1928 (Address) Mitchell St. Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: Oct. 25, 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E38598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F38598

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 2532 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Remmers

(a) RESIDENCE NO. 1640 Hanover st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry Remmers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Dresker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed OCT 25 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, to Oct. 23, 1928, that I last saw him alive on Oct. 23, 1928 and that death occurred, on the date stated above, at 3.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

10-23, 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 19

20 UNDERTAKER J. Howard Evans

ADDRESS 358 W. Lan

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

21097 E38599 — CERTIFICATE OF DEATH — 101-001 E38599

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO.

CITY OF BALTIMORE: (No. 9-46 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Fleeks

(a) RESIDENCE NO. 642 E 55th ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6-1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lawrence Fleeks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Belle Fleeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address)

15 Filed OCT 25 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-24-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-22, 19 28, to Oct-24, 19 28,

that I last saw h alive on Oct-24, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

pneumonia, lobar (primary)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 10 28 1928

20 UNDERTAKER Samuel Hensley — ADDRESS 1 Biddle

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38600 E38600

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Loudon Park Cemetery ST. 70-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentine Alexander Schulz

(a) RESIDENCE NO. Loudon Park Cemetery ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith E. Schulz

6 DATE OF BIRTH (month, day, and year) May 20, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Loudon Park Cemetery

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Casper Schulz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Maria ----10/24 28

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Edith E. Schulz
(Address) Loudon Park Cemetery

15 Filed ..... 19 ..... Registrar

HAMILTON JONES, M. D.
2-3-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Oct 24 1928, that I last saw h[illegible] alive on Oct 24, 1928 and that death occurred, on the date stated above, at 6 9 m

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) Fred J. Kyser, M. D.

(Address) 3321 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 27 1928

20 UNDERTAKER [illegible] Cook

ADDRESS 1003 West Baltimore St

Spec.—1-10-21 M&T 1500 Bks.

E38601 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E38601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Bond ST., 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda H. Musicle

(a) RESIDENCE NO. 1109 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Reuben N. Musicle

6 DATE OF BIRTH (month, day, and year) Sept 6 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lace Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Martha Whitlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Reuben N. Musicle (Address) 1109 N. Bond St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

OCT 25 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 19 28

17

I HEREBY CERTIFY, That I attended deceased from Oct 5, 19 28, to Oct 25, 19 28;

that I last saw h[illegible] alive on Oct 25, 19 28;

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. N. Meyer, M. D.

Oct 26 19 28 (Address) 1506 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 26 1928

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38602 — 1-PLACE OF DEATH

17 E38602 — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannette Bushman

(a) RESIDENCE NO. 2608 Ken Oak Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 20 — 1918

7 AGE — Years: 10 — Months: — Days: 3 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Robt Bushman

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country):

12 MAIDEN NAME OF MOTHER: Jeanette Rosenberger

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country):

14 Informant: Robt Bushman

(Address) 2608 Ken Oak Road

15 Filed . 19 . Registrar

OCT 25 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/19/28 19 to 10/23/28 19

that I last saw her alive on 10/23/28 19

and that death occurred, on the date stated above, at 10:45 P.M. m.

The CAUSE OF DEATH* was as follows:

Primary Pneumococcus Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumococcus Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/19/28

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Hunter M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Oct. 25 19 28

20 UNDERTAKER: Chas H. Maus & Son — ADDRESS: 118 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38803 E38803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 Gorsuch Ave ST. 9-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Morris Hoen

(a) RESIDENCE NO. 644 Gorsuch Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? 68 yrs. 1 mos. 26 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hanson Hoen

6 DATE OF BIRTH (month, day, and year): August 28-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer): " " " "

(c) Name of employer: A. Hoen & Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Earnest Hoen

11 BIRTHPLACE OF FATHER (city or town) (State or country): ??????? Germany

12 MAIDEN NAME OF MOTHER: Frances E. Nixdodff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mr. H. Hanson Hoen (Son)

(Address): 644 Gorsuch Ave.

15 Filed ..., 19 ... By ... Registrar

OCT 25 1928 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from about 2 Yrs, 19..., to Oct 23, 1928,

that I last saw ~~him~~ alive on Oct 19, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart "Chronic"
"Mitral regurgitation"

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. G Orndorff, M. D.

, 19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Oct 25 1928

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)

ADDRESS: 108 W. NORTH AVE.

TION is very important. See instructions on back of certificate.

Spec—1-10-21—M&T—1500 Bks.

E38604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. General Hospital ST., 15-67 WARD)

REGISTERED NO. 61-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (girl) Scott

(a) RESIDENCE NO. 2307 Walbrook ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/24/28

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

19 hrs & 20 mi.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Gen. Hospital

PARENTS

10 NAME OF FATHER Herbert A. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Ruth Hugg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Records (Address)

15 Filed OCT 25 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24/28

17 I HEREBY CERTIFY, That I attended deceased from 10/24/28 4:00 PM, 19 , to 10/24/28 11:20 PM, 19 , that I last saw her alive on 10/24/28, 19 , and that death occurred, on the date stated above, at 11:20 P. M.

The CAUSE OF DEATH* was as follows:

Premature.

CONTRIBUTORY (Secondary) (duration) Unknown yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A Crampton M. D.

(Address) 1918 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Oct 25 1928

20 UNDERTAKER W. J. Tickner and Sons — ADDRESS North and Pearre

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E38605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38605

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. ____ St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Blanche Bradford

(a) RESIDENCE NO. Box 260 Stanwood St, Md. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Granvill Bradford

6 DATE OF BIRTH (month, day, and year): Sept 23 1896

7 AGE: Years 32 Months 1 Days —

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): at Hom 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Devan

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Catherine Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Granville Bradford

(Address): Stanwood Point

15 Filed ____, 19 ____ C. P. [illegible] JONES, M. D. Registrar

OCT 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 10/23/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 19 28, to Oct 23, 19 28,

that I last saw her alive on Oct 23, 19 28

and that death occurred, on the date stated above, at 8 50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with generalized metastases

(duration) yrs. 6 + mos. ds.

CONTRIBUTORY (Secondary): Hypertensive cardiovascular renal dise

(duration) yrs. 3 + mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Fegho M. D.

10/23 (Address) Mercy Hospital 2755

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethedalbe

Date of Burial: Oct 26 1928

20 UNDERTAKER: W M Coulton

ADDRESS 2238 E 30th

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38606 E38606 E38606 E38606 E38606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E38606

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1038 W Saratoga ST. (WARD) 15-26

2-FULL NAME Mary Ophelia Armstrong

(a) RESIDENCE No. 1038 W Saratoga ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Armstrong

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 56 (Years / Months / Days / If LESS than 1 day, hrs or min)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

PARENTS

10 NAME OF FATHER: Alexander Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Roddy Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): Rosa Wilson 1038 W. Saratoga St

15 Filed OCT 26, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 23, 1928, that I last saw her alive on Oct 23, 1928, and that death occurred, on the date stated above, at 710 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Rowe Cassell, M. D.

, 19 (Address) 723 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithville, Md. DATE OF BURIAL: Oct 25 1928

20 UNDERTAKER: Mrs. Katie R. Williams N. Schroder ADDRESS 32

Spec.—2-29-28—L. F. S.—500 Bks.

E 38607 E38607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38607 E38607

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1020 (Street) Linden Ave (WARD) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ceasar Williams

(a) RESIDENCE NO. 1020 (Usual place of abode) Linden Ave WARD

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Williams

6 DATE OF BIRTH (month, day, and year) Dec. 18 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Cora Chinaturn (Address) 1020 Linden Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Oct 24, 1928.

that I last saw him alive on Oct 23, 1928

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 10 mos. ? ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) Chas Cole, M. D.

10-25 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bell Cross N. C.	Oct 25 1928
20 UNDERTAKER Mrs B. A. Elliott	ADDRESS 1725 Eastland Ave

Spec.—1-12-23—M&T—500 Bks.

E38668
E38608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38608

CERTIFICATE OF DEATH.

E38608

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal. City Hospital STREET WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Reingold

(a) RESIDENCE NO. 329 W. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Reingold

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 49 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoes

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: Isaac Reingold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind

12 MAIDEN NAME OF MOTHER: Anna Ogus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind

14 Informant (Address): Florence Reingold 329 W. Biddle St.

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/30, 1928, to 10/25, 1928, that I last saw h— alive on 10/25, 1928 and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

Pneumonia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical exam

(Signed) H. Schmidt, M. D.

19 (Address) Bal City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn. DATE OF BURIAL: Oct. 29 28

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1725 Ashland Ave

OCT 25 1928 CAPTAIN JOHN JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

E38609 HEALTH DEPARTMENT—CITY OF BALTIMORE E38609

CERTIFICATE OF DEATH.

REGISTERED NO. 15-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1806 Rosedale ST., (WARD)

2-FULL NAME Charles Kershner Farrow

(a) RESIDENCE NO. 1806 Rosedale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) ~~WIFE of~~ HUSBAND of: Harriett W. Farrow

6 DATE OF BIRTH (month, day, and year): Oct. 10th 1866

7 AGE: Years 62; Months; Days 24; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Main P. O.

(a) Trade, profession or particular kind of work: Government Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

809

9 BIRTHPLACE (city or town) (State or country): Williamsport Md.

PARENTS

10 NAME OF FATHER: Joseph Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary S. Nitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Vernon Farrow

(Address) 1806 Rosedale St

15 Filed OCT 25 1928 19 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-24-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1928, to Oct. 24th 1928, that I last saw him alive on Oct. 24th, 1928 and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson, M. D.

Oct. 25 28 (Address) 3055 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 10/26 1928

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E38640

31

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) (WARD)

2-FULL NAME Martin A. Roman

(a) RESIDENCE NO. 408 Pearl ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Roman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kungundia George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed _____, 19 _____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1928

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to Oct. 24, 1928,

that I last saw him alive on Oct. 24, 1928

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Senility with myocardial insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, autopsy, lab.

(Signed) Henry C Smith, M. D.

10-24 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Oct 26 1928

20 UNDERTAKER Lilly & Zeiler & Co. — ADDRESS 403 S. Wolfe

Spec.—2-29-28—L. F. S.—500 Bks.

E38611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38611

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3111 St. Paul St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert R. Lang Sr

(a) RESIDENCE NO. 3111 St. Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Lang

6 DATE OF BIRTH (month, day, and year) Nov. 15-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Nash. Co. (State or country)

PARENTS

10 NAME OF FATHER R. Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lyna R. Wimbsett

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Miss Nettie Lang

(Address) 3111 St. Paul St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

5 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 24, 1928, that I last saw him alive on Oct 22 1928 and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma rectum

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Bukowicz M. D.

10/25, 1928 (Address) 37 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Oct 26 1928

20 UNDERTAKER Wm J. Tuckner & Son ADDRESS N. & Pa Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38612

CERTIFICATE OF DEATH

49 E38612

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr John Shull DOCTOR

(a) RESIDENCE NO. Guilford Apartments St. Guilford & North Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Shull

6 DATE OF BIRTH (month, day, and year): June 10-1851

7 AGE — Years: 77 Months: 4 Days: 13 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Markleville

(State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Simon Shull

11 BIRTHPLACE OF FATHER (City or town): Pa.

(State or country):

12 MAIDEN NAME OF MOTHER: Elizabeth Fleisher

13 BIRTHPLACE OF MOTHER (city or town): Pa

(State or country):

14 Informant: Mrs. Clare Shull

(Address) 1209 17th Ave Altoona Pa.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/23/28

17 I HEREBY CERTIFY, That I attended deceased from 8/14/28, 19..., to 10/23/28, 19...

that I last saw him alive on 10/23/28, 19...

and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Carcinema of Urinary Bladder

(duration) 1 & 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardio-Vascular Disease

(duration) Indefinite ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/20/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. L. Whitehead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Markleville Pa. Date of Burial: 10/26/28

20 UNDERTAKER: W. J. Peterson Sons ADDRESS North Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38613

CERTIFICATE OF DEATH.

+ 90[illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bishop John D. La Motta

(a) RESIDENCE NO. Honolulu, Hawaii ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shea La Motta

6 DATE OF BIRTH (month, day, and year) June 8-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER John La Motta

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant (Address) John D. La Motta, Jr. Wash. D.C.

15 Filed [illegible], 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/25/1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 25, 1928

that I last saw him alive on Oct. 25, 1928

and that death occurred, on the date stated above, at 11.10 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia
Broncho Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood chemistry

(Signed) John Mace Jr. M. D.

, 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ivy Hill Cemetery, Alexandria, Va.

DATE OF BURIAL Oct 26 28

UNDERTAKER Stephen Jones Inc

ADDRESS 1317 N. Monroe

Spec.—1-10-21—M&T—1500 Blks.

E38614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38614

CERTIFICATE OF DEATH.

60-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Saint Josephs Hospital St. (Or WARD) 121-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Donnelly

(a) RESIDENCE NO. 1621 Jackson St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Donnelly

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE: Years 25 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Hensler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Hosp. Records

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-24 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-18-26, 19 , to 10-24-26 19 ,

that I last saw h alive on 10-24-26, 19 ,

and that death occurred, on the date stated above, at 1230 A m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-22-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. P. Zimmerman M. D.

, 19 (Address) St. Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 10-27-26

20 UNDERTAKER: J. F. Tabb's Sons — ADDRESS: 131 E Eager

TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

(Martin F. Kane)

E38615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38615

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., ~~Jones Falls~~ WARD

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick F. Kane

(a) RESIDENCE NO. 1523 E. Clement ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (Write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE Years 49 Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Turner

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie Kane

(Address) 1523 E Clement

15 Filed ....., 19 .....

R. E. W. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 19 24

17 I HEREBY CERTIFY, That I attended deceased from 10/19 , 1924 , to 10/24 , 1924 , that I last saw h[illegible]ive on 10/24 , 1924 and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation

Edema pneumonia

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. femur L

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Uremia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Hynes, M. D.

, 19 (Address) Balt City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 10/26 1924

20 UNDERTAKER [illegible] ADDRESS 131 Eighth

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38616

CERTIFICATE OF DEATH.

188-103 E38616

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Julius Wojciechowski

(a) RESIDENCE NO. 2118 Cambridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 22/1923

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	5	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) 0-0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Julius Wojciechowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mother

(Address) 2118 Cambridge St

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

CAUSE OF DEATH* was as follows:

Compressed Spinal Cord- Fractured Neck
Accidently struck by autotruck at
Fleet & Cambridge Sts.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Inquest Oct 24/28)

(duration) yrs. mos. ds.

(Signed) J. H. Allen, M. D.
(Coroner)

19 10-23-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Oct 25 1928

20 UNDERTAKER Henry Sander & Sons Inc ADDRESS 1710 Fleet St.

Use this space for items very important. See instructions on back of certificate.

HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E38617 HEALTH DEPARTMENT—CITY OF BALTIMORE E38617

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2820 Guilford Ave (St.) 17-50 (WARD)

2-FULL NAME William George Vincent Hull.

(a) RESIDENCE NO. 2820 Guilford Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Hull.

6 DATE OF BIRTH (month, day, and year) July 27-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Wm G Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Guilford Md.

12 MAIDEN NAME OF MOTHER Henrietta Nagg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mary R. Hull

(Address) 2820 Guilford ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, to Oct 23 1928, that I last saw h alive on Oct 23 1928, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cardio Pancreatitis

(duration) Unknown

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Theodore Bruck, M. D.

10/25 1928 (Address) 2005 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Oct 26 28

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1 E Lexington

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E38618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38618

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 13-57 WARD)

2-FULL NAME Frank Fisher

(a) RESIDENCE NO. 2025 Woodbury ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1865

7 AGE 63 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frederick H

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24 1928

17

I HEREBY CERTIFY, That I attended deceased from ~~10~~ 9-14, 1928, to 10-24, 1928, that I last saw him alive on 10-24, 1928, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Thrombosis of left Cerebellar Artery - mural thrombus in left Ventricle (duration) ..... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews — DATE OF BURIAL 10/26 1928

20 UNDERTAKER H. Cook — ADDRESS 502 E Watts

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Cecelia Cowan

E38619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38619

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 90 Hollins ST. (or) WARD) 18-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Cowan

(a) RESIDENCE NO. 90 Hollins ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Cowan

6 DATE OF BIRTH (month, day, and year) Oct 29 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mount Savage Md

PARENTS

10 NAME OF FATHER Joseph Riddell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary O'Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mt Savage Md.

14 Informant Mr Frank J. Cowan

(Address) 90 Hollins St.

15 Filed Oct 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Oct 25, 1928, that I last saw her alive on Oct 25, 1928, and that death occurred, on the date stated above, at 8.45 a m

The CAUSE OF DEATH* was as follows:

Acute Thyrocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Norwell Wyatt, M. D.

Oct 26, 1928 (Address) 10 E N Eutaw Stre

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem DATE OF BURIAL Oct 29 1928

20 UNDERTAKER Edward Conklin ADDRESS 246 Eager

Oct 26 1928 C H JONES M.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38620

CERTIFICATE OF DEATH

90

E38620

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 920 N. Broadway ST. 7-13 WARD)

2—FULL NAME Augusta Botthoff

(a) RESIDENCE NO. 920 N. Broadway ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bocholff.

6 DATE OF BIRTH (month, day, and year) Oct. 10. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	~~11~~	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Mrs. Minnie Beigel

(Address) 920 N. Broadway

15 Filed , 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH Oct. 28-1928

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th 28 to Oct 29 1928

that I last saw her alive on Oct 29th 1928

and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Valvular Insuff. & Stenosis
Cancer of Sig. & Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 29 1928
20 UNDERTAKER	ADDRESS
Geo. W. Zirkler	1121 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

E38621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

197 E38621

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Johns Hopkins Hospital St. 8-12 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. A. Miller

(a) RESIDENCE NO. 2125 Llewellyn St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1/1895

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	33	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Herbert Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bolden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Rose Brown (sist r)

(Address) Brooklyn, N.Y.

15 Filed ..... 19 ..... Registrar

OCT 26 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 22/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wounds in Neck

(Homicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Weller (Coroner) M. D.

(Address) 508 E. North Ave

19 10-25-28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.D. Auburn Cem. Date of Burial Oct 26 1928

20 UNDERTAKER Thos. A. Johnson ADDRESS 1234 Ethug St.

Very Important. See instructions on back of certificate.

Louise Margaret Essig

E38622 HEALTH DEPARTMENT—CITY OF BALTIMORE E38622

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Harlem Ave. St. 16-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Margaret Essig,

(a) RESIDENCE NO. 2713 Harlem Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 31, 1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER George Essig,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Schneider,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant Elmer Essig

(Address) 2713 Harlem Ave.

15 Filed OCT 29 1928, 19 RHC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from June 6, 19 28, to Oct 24, 19 28,

that I last saw h alive on Oct. 24, 19 28,

and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes.

(Signed) Robert Woods, M. D.

, 19 (Address) 2530 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL OCT 29 1928 19

20 UNDERTAKER Geo. D. Sutton ADDRESS

HAROLD JENNINGS, M. D.

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38623

CERTIFICATE OF DEATH

129 ✓

E38623

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Hilldale ave ST., 28-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Cohen

(a) RESIDENCE NO. 2801 Hilldale ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Cohen

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: Years 85 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed ....., 19.... OCT 26 1928 H. Wm. KNIGHT, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 28

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to Oct 25, 1928, that I last saw her alive on Oct 24, 19 28, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Jacob Cohen M. D.

Oct 25, 1928 (Address) 2202 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Run — DATE OF BURIAL: 10/27/28

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balt St

Spec.—1-12-23—M&T—500 Bks.

E38624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38624

1-PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 2816 Clarenda ST., 9th WARD) REGISTERED NO. 24001

If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Sarah R. Tacker

(a) RESIDENCE No. 2816 Clarenda ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tacker

6 DATE OF BIRTH (month, day, and year) Oct 12 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
72	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jesse T. Goss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret C. Calhoun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John Tacker. (Address) 2816 Clarenda Blvd.

15 Filed Oct 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1928 to Oct 24 1928, that I last saw h[illegible] alive on Oct 24 1928 and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexia

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos 2 3 ds.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2816 Clarenda.

Did an operation precede death? No Date of No

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Emmett Kelly M. D.

(Address) 608 Homewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Oct 27 1928

20 UNDERTAKER Wm. Chas. H. Culpepson ADDRESS W. N. Gay

Spec.—1-10-21—M&T—1500 Bks.

E38625 HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

CERTIFICATE OF DEATH.

E38625
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N. Stockton St. WARD 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena F. Tucker

(a) RESIDENCE NO. 1026 N. Stockton St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15, 1885

7 AGE 43 Years 5 Months 14 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown Md

PARENTS

10 NAME OF FATHER Hans Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie Chase Tucker
(Address) 1026 N. Stockton St

15 Filed ..., 19.. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1928, to Sept. 24, 1928, that I last saw her alive on Sept 24, 1928 and that death occurred, on the date stated above, at 9.45 P m

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Wm. E. Magruder, M. D.

..., 19.. (Address) 1026 N. Stockton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown, Md.

DATE OF BURIAL Oct 2 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

1957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38626

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

E38626

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1125 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgia Mack

(a) RESIDENCE NO. 1023 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/21/83

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 yrs	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Wilbine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Oct 24, 1928, that I last saw her alive on Oct 24, 1928, and that death occurred, on the date stated above, at 5:55 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Pulmonary Emboli

Syringomyelia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Rheumatic fever ???

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Post-mortem

(Signed) Harold Funkhouser, M. D.

10/25, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 27 1928

20 UNDERTAKER Samuel Stanley ADDRESS Balto

OCT 26 1928 S. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—5M E38627

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E38627

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 Woods ST. 17-24 WARD)

2-FULL NAME Edna Margaret Clay

(a) RESIDENCE NO. 575 Woods ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs or mtn.
2	—	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Bertha Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles Clay
(Address) 575 Woods St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/18/ , 1928, to Oct 23, 1928, that I last saw her alive on Oct 23, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Left Empyema Bronchus

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

10/23, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 27 1928

20 UNDERTAKER Samuel A Hinkley & Bro ADDRESS 1708 Pe

Spec.—2-29-28—L. F. S.—500 Blks. Ella Josine Montague

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38628

CERTIFICATE OF DEATH

129 E38628

1—PLACE OF DEATH

REGISTERED NO. 28-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4400 Walnut Ave. ST. 28 WARD)

2—FULL NAME Ella Josine Montague

(a) RESIDENCE NO. 4400 Walnut Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H. Montague

6 DATE OF BIRTH (month, day, and year) Jan. 5, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harpers Ferry
(State or country) West Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Vernon Montague
(Address) 4400 Walnut Ave.

15 Filed Oct 26, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 1928 to Oct 23rd 1928, that I last saw h... alive on Oct. 23rd 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis, Enlarged Liver and Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson, M. D.

Oct 24th 1928 (Address) 3055 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Oct. 26 19
20 UNDERTAKER Joseph Cook	ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E38629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Conn ST., 6-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

C.O.F. 11/1/28

2-FULL NAME Laurence ~~Maxwell~~ Johnson

(a) RESIDENCE NO. 407 N. Conn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, ~~or Divorced, (write the word)~~: S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 29 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Lloyd Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Della Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Josephine Maxwell

(Address) 407 N Conn St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-15, 1928, to 10-23, 1928, that I last saw him alive on 10-23, 1928 and that death occurred, on the date stated above, at 7. P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) Calvin B. LaCompte, M. D.

19 (Address) 514 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Early Cemetery

DATE OF BURIAL Oct 26 1928

UNDERTAKER Robert Wellington

ADDRESS 1515 Linden Ave

OCT 26 1928 C. HARRISON JONES, M.D.

Spec.-7-17-26—A Co.—200 Bks.

E38630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38630

129

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 504 S. East Ave St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliana Kalinski

(a) RESIDENCE NO. 504 S. East Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Kalinski

6 DATE OF BIRTH (month, day, and year): April 16 1864

7 AGE: Years 64 Months 6 Days 9 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER John Pika

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John Kalinski

(Address) 504 S East Ave

15 Filed 19

OCT 26 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 19 28 to Oct 25, 19 28

that I last saw h alive on Oct. 25, 19 28

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

Chronic Interstitial nephritis

(duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(duration) yrs. mos. 3 da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John J. Lieger, M. D.

19 (Address) 367 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

Date of Burial: Oct 27 19 28

20 UNDERTAKER: John M Weber

ADDRESS: 1512 E. Chester

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

See letter in file

E38631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38631

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH Church Home Inf. REGISTERED NO.

CITY OF BALTIMORE: (No. 2-4 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mack

(a) RESIDENCE NO. 1614 Aliceanna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) M

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Mack

6 DATE OF BIRTH (month, day, and year) May 15 1888 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Frank Mack

(Address) 1614 Aliceanna St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/15/ 1928, to 11/25 1928, that I last saw her alive on 11/25/28 1928 and that death occurred, on the date stated above, at 5 20 P. M.

The CAUSE OF DEATH* was as follows:

Generalized septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic colitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Reginald C. Fox, M. D.

, 19 (Address) Office.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: H. Hamilton Cem. DATE OF BURIAL: 11/27 1928

20 UNDERTAKER: George A. Weber ADDRESS: 705 S. Amity St.

26 96 100 Harry Lewis M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38632

CERTIFICATE OF DEATH.

REGISTERED NO. E38632

1-PLACE OF DEATH On B.& O.R.R. train enroute

City of BALTIMORE: (No. Washington to Philadelphia St. 22 Ward 30

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha L. Sunderland.

(a) RESIDENCE NO. 164 Highland St. St. Port Chester, N.Y. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of John P. Sunderland.

6 DATE OF BIRTH (month, day, and year) January 10, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Robert Mullen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Fredericksburg, Va.

12 MAIDEN NAME OF MOTHER Martha Mark.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond, Va.

14 Informant John P. Sunderland. (husband)

(Address) Port Chester, N.Y.

15 Filed 19

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

10/29 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Brunswick N.J. Date of Burial Oct 26 19 28

20 UNDERTAKER Robert Brooks & Son ADDRESS Eutaw & Hollins Sts

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E38633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38633

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE: (No. Balto Md. ST., 17-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Garrett

(a) RESIDENCE NO. 713 Dolphin St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Waiter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosp
(Address) Balto Md

15 Filed , 19 2908 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-24, 1920. to 10/22, 1928, that I last saw him alive on 10/22, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Evidence

(Signed) Harry J. Corkran M.D.

, 19 (Address) Returned City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D.

Commissioner Health.

1928

OCT 20 1928

FOR WM. F. [illegible]

Spec.—1-12-23—M&T—500 Blks.

E38634

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E38634

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (15-21 ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Moultrie

(a) RESIDENCE NO. 1416 Vincent st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Samuel Moultrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Clara Summers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records (Address)

15 Filed , 19 29 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1928, to Oct. 24, 1928, that I last saw h im alive on Oct. 24, 1928 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Hmr/C Smith M. D.

10-24-28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL , 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND C. HAMPSON JONES Commissioner of Health OCT 26 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E38635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38635

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Collision Joyner

(a) RESIDENCE NO. #3 East Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Not given

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year)

7 AGE: 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

10 NAME OF FATHER: Not ottained

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19

6 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-21-28

17 I HEREBY CERTIFY, That I attended deceased from 10-8, 1928, to 10-21, 1928, that I last saw him alive on 10-21, 1928 and that death occurred, on the date stated above, at 2 40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis—

Myocardial Insufficiency (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Lues (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. H. Hunt, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

C. HARRISON JONES, M.D. Commissioner Health

OCT 26 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E38636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E38636

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 6-10 WARD)

2—FULL NAME Earnest Morrison

(a) RESIDENCE NO. 1227 Jefferson St ST., ____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Myrtle Morrison

6 DATE OF BIRTH (month, day, and year): 8/12/77

7 AGE: Years 52 | Months — | Days — | If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: orderly

(b) General nature of industry, business, or establishment in which employed (or employer): Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W Va

PARENTS

10 NAME OF FATHER: John Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Anna Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____, 19 ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct-25-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-4, 1928, to Oct-25, 1928, that I last saw h.. alive on Oct-25, 1928, and that death occurred, on the data stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Syphilis-latent - Hypertension Arteriosclerosis-Chronic Nephritis & Myocardial degeneration

(duration) 6 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Syphilis -

Did an operation precede death? No Data of

Was there an autopsy? Yes. Wassermann was done on autopsy.

What test confirmed diagnosis?

(Signed) C D Briggs, M. D.

10/26, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount W Va — DATE OF BURIAL: 10/28/28

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 224 Busy

Spec.—1-10-21—M&T—1500 Bks.

E38637

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38637

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard F. Clobes.

(a) RESIDENCE NO. 5 N. Linwood Ave. ST., WARD ..
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 21, 179

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder?

(b) General nature of industry, business, or establishment in which employed (or employer) + Core Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Clobes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Jackman

(Address) 5 N. Linwood ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/25/28. 19

17

I HEREBY CERTIFY, That I attended deceased from 9/13/28 . 19 . to 10/25/28 . 19 .

that I last saw him alive on 10/25/28. . 19 ,

and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Regurgitation

?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Irving J. Sittman, M. D.

. 19 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 29, 1928

20 UNDERTAKER John F. Maan

ADDRESS 3000 E. Pratt St.

TION is very important See instructions on back of certificates.

26 1928 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38638 E38638

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 419 N. Fayette ST. 9th WARD)

2-FULL NAME Theodore Findling

(a) RESIDENCE NO. 617 N. Fulton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Findling

6 DATE OF BIRTH (month, day, and year): June 28-1860

7 AGE: Years 68 Months 4 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hamm worker

(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Mr. John Findling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Kafka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ernest Schmidt

(Address): 617 N. Fulton Ave

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Oct 24, 1928, that I last saw him alive on Oct 24, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck + Jaw

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary): old age

(duration) 64 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. E. Brown, M. D.

10/25 1928 (Address) 3 E. Franklin Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: Oct. 27 1928

20 UNDERTAKER: George L. Schmidt — ADDRESS: 710 Cathedral St.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38639

CERTIFICATE OF DEATH.

101-001 E38639

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 1-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Horworth

(a) RESIDENCE NO. 531 S. Decker St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto., Steel Co.

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Nicholas Horworth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Frombach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Nicholas Horworth

(Address) 531 S. Decker St

15 Filed 19

Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

Purulent Pleurisy (Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cullen, M. D.

(Coroner)

10/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lestermanor, Va Date of Burial 10/27 1928

20 UNDERTAKER J. M. Cook ADDRESS 512 E. Lafayette Ave

very important. See instructions on back of certificate.

E38640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38640

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 W. Ostend ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T McCoull

(a) RESIDENCE NO. 135 W. Ostend ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) ~~Wife~~ of Annabella

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 or 71				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist 045

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Robert McCoull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Henretta Ufner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mary Kaiser (Address) 4300 Pimlico Rd

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

2 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24th 1928

17

I HEREBY CERTIFY, That I attended deceased from October 10th, 1928, to Oct 24th, 1928, that I last saw him alive on October 24th, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
+ Coronary Heart.
not known (duration) ... yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure
..... (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonry, M. D.

, 19 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents	10/27 1928
20 UNDERTAKER Wm Cook	ADDRESS 500 E North Ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38641

CERTIFICATE OF DEATH

47 E38641

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 717 N. Charles ST. 11-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jaunita Augur Callahan

(a) RESIDENCE NO. 717 N. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 28 ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Callahan

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Cassius Augur

11 BIRTHPLACE OF FATHER (city or town) Milford
(State or country) Conn.

12 MAIDEN NAME OF MOTHER Jaunita Barnes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. Edna Augur Beer
(Address) 717 N. Charles Street

15 Filed ....., 19 .... Registrar

C. HAMPSON JONES, M. D.
1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1928, to Oct 26, 1928

that I last saw her alive on Oct 25, 1928

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? Yes Date of Oct 1927

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) V. VanKirk Williams, M. D.

, 19 (Address) 601 Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	10/29 19 28
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 805 N. Calvert St

Spec.—1-12-23—M&T—500 Bks.

E38642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E38642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5209 Norwood Ave. ST., 46-14 WARD)

2-FULL NAME Mary Eclaire O'Brien

(a) RESIDENCE No. 5209 Norwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 11, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
			15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Seymour O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Helen F. Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Seymour O'Brien (Address) 5209 Norwood ave

15 Filed ..., 19 ... Registrar

TION is very important. See instructions on back.

6 1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1928, to Oct. 26, 1928, that I last saw h[illegible] alive on Oct. 26, 1928 and that death occurred, on the date stated above, at 1:550 m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs mos 1/2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of Death

Did an operation precede death? No Date of None

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Edward P. Smith M. D.

10/26, 1928 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 10/29 1928

20 UNDERTAKER W. Wormans & Son

ADDRESS 1258 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E38643

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E38643

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS. REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] J. King ST., 17- [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Dawes

(a) RESIDENCE NO. 716 N. Franklin ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 68 about; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] 19 [illegible] Registrar

[illegible] THOMPSON JONES, M. D.

APR 7 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-25-28

17 I HEREBY CERTIFY, That I attended deceased from 8-10 . 1928 . to 10-25 . 1928 .

that I last saw her alive on 10-25 . 1928

and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Oct. 27 1928

20 UNDERTAKER: Wm. Fuchser Sons ADDRESS: North & Pa

Spec.—1-10-21—M&T—1500 Bks.

E38644 HEALTH DEPARTMENT—CITY OF BALTIMORE E38644

CERTIFICATE OF DEATH.

1645

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 N. Fulton ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Hess

(a) RESIDENCE NO. 733 N. Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Clemens Hess

6 DATE OF BIRTH (month, day, and year): July 14 1854

7 AGE: Years 74 Months 3 Days 8

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Gottlieb Blumhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Specht

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Pauline Deibl

(Address) 733 N. Fulton Ave

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Oct 26th, 1928,

that I last saw h~~e~~r alive on Oct 26th, 1928,

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt J Murray, M. D.

, 19 (Address) 510 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 29 19

20 UNDERTAKER: Geo W Little

ADDRESS

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38645

CERTIFICATE OF DEATH.

185 E38645

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St. 2-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schnell

(a) RESIDENCE NO. 1706 E. Pratt St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fenale	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rich. Schnell

6 DATE OF BIRTH (month, day, and year) June 22/1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Anthony Oldewurtle

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter Rippel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Hoeck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. John Fischer

(Address) 4309 Furley Ave

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac Skull-Accidentally fell thru Sky light while at work at 227 S. Broadway Oct 24/28

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. K. Weber, M. D.

(Coroner)

10-26-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the state ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Greenly Cemetery Date of Burial Oct 27 1928

20 UNDERTAKER John Deris ADDRESS 2007 Orleans St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E38646 HEALTH DEPARTMENT—CITY OF BALTIMORE E38646

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 3-4 WARD)

2-FULL NAME Eugene Dodson

(a) RESIDENCE NO. 603 N. Eden st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer) Market

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cora Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed Oct 27 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1928, to Oct. 25, 1928, that I last saw him alive on Oct. 25, 1928, and that death occurred, on the date stated above, at 9.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Pathological

(Signed) Henry C. Smith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery DATE OF BURIAL Oct 28 1928

UNDERTAKER Chas. H. Johnson ADDRESS 1118 N. Caroline St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E38647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38647

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1426 Harlem Ave. (St.) 16-22 (Ward)

2-FULL NAME Sarah E Smith

(a) RESIDENCE. No. 1426 Harlem Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~O~~ ♀

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of — (or) WIFE of: George W Smith

6 DATE OF BIRTH (month, day, and year): Unknown 1857

7 AGE — Years: 71 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Bertha S Clay

(Address) 433 N. Gilmor St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926, to Oct. 26, 1926, that I last saw her alive on Oct. 25, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary): Cystitis

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? 1426 Harlem ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical, Symptoms

(Signed) Chas. P. Hinton, M. D.

Oct 27 1926 (Address) 712 S. Stricker Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 28 1926

20 UNDERTAKER: Wm H Clase Son — ADDRESS: Woodlawn

TION is very important. See instructions on back of certificate.

28 1926 C. HAMPSON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks. Elizabeth M. Putnam

HEALTH DEPARTMENT—CITY OF BALTIMORE

1928 E 38648 — 46 E 38648

CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. 1-9 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME. Elizabeth M. Putnam

(a) RESIDENCE NO. The Malborough Apts Library of Congress Wash DC WARD Wash D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert

6 DATE OF BIRTH (month, day, and year) Feb 25 1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not Any,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Charles Munroe

11 BIRTHPLACE OF FATHER (city or town) Mass (State or country)

12 MAIDEN NAME OF MOTHER Susan Hall

13 BIRTHPLACE OF MOTHER (city or town) Mass (State or country)

14 Informant Friends

(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 19 28, to Oct 26, 19 28, that I last saw h[er] alive on Oct 26, 19 28 and that death occurred, on the date stated above, at 8 [illegible] P m.

The CAUSE OF DEATH* was as follows:

Post-operative shock, following operation for Carcinoma of right ovary

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 25, 1928

Was there an autopsy? No

What test confirmed diagnosis? Examination of tissue removed

(Signed) H. S. Everett, M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 27, 19 28
20 UNDERTAKER	ADDRESS
John O. Mitchell	Govans

Spec.—1-12-23—M&T—500 Bks.

E38649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital STREET WARD)

REGISTERED NO. 1883 E38649

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Ford

(a) RESIDENCE NO. 1733 Carlisle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE: Years 30 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) City Hospital

15 Filed , 19 ARK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/6, 1928, to 10/24, 1928, that I last saw h[illegible] alive on 10/24, 1928 and that death occurred, on the date stated above, at 9:00 A.M.

The CAUSE OF DEATH* was as follows:

Fractured Base of Skull

Purulent Meningitis

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City Hosp

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Findings

(Signed) H. M. Ford, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: Oct 22 1928

20 UNDERTAKER: Jno R. G. Elliott

ADDRESS: 1725 Madison Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E38650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 E38650

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 723 N. Central Ave WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aquillay Banks

(a) RESIDENCE NO. 723 N. Central Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Banks

7 DATE OF BIRTH (month) (day) (year) 1864

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Alfred Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ellen Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Ellen Godsey

(Address) 230 N. Eden St.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26/28

17 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...,

that I last saw h... alive on ....., 19...,

and that death occurred, on the date stated above, at ... m.,

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedarn cemetery	Oct 28, 1928
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1715 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38651

90 E38651

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 910 N. Wolfe ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Coleman

(a) RESIDENCE NO. 910 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Coleman

DATE OF BIRTH (month, day, and year) Unknown 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Gertrude Coleman

(Address) 910 N. Wolfe St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-21-, 1928, to 10-23-, 1928, that I last saw h alive on 10-23-, 1928 and that death occurred, on the date stated above, at 9,15 P. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Focal infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Gorgill, M. D.

10-26-1928 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Lawn	Oct. 27, 1928
20 UNDERTAKER	ADDRESS
Wm. P. G. Elliott	1705 Ashland

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38652

CERTIFICATE OF DEATH.

18 1001 E38652

1-PLACE OF DEATH

City of BALTIMORE: (No. 922 N. Stricker St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Harper

(a) RESIDENCE NO. 922 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): Nov 22-1927.

7 AGE — Years: 11 Months: Days: 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Louis Harper.

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country):

12 MAIDEN NAME OF MOTHER: Dora White

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country):

14 Informant: Dora Harper

(Address): 922 N. Stricker

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia (Gas.

(duration) yrs. mos. ds. Sudden

(INTERMEDIATE) Accident. Child turned

(Secondary) on 5 burners.

(duration) yrs. mos. ds.

(Signed) F. C. Luckey M. D.

(Coroner)

Oct 25/28 (Address) North ave & Pennsin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Oct 27 '28

20 UNDERTAKER: T. E. Nelson ADDRESS: 923 Pennsylvania Ave

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38653

CERTIFICATE OF DEATH

38 E38653

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 230 S. Spring St. 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas A. Foy

(a) RESIDENCE NO. 230 S. Spring St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lda Foy

6 DATE OF BIRTH (month, day, and year): March 5, 1862

7 AGE: Years 66 Months 7 Days 20 IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer with Co

(b) General nature of industry, business, or establishment in which employed (or employer): Arundel Sand Co.

(c) Name of employer: Arundel Sand Co.

9 BIRTHPLACE (city or town): Balto Co.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Enthsby Foy.

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Martha Ford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland.

14 Informant: Lda Foy

(Address) 230 S. Spring St

15 Filed ____ 19 ____ Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 / 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 19 27, to Oct 24 /, 19 28

that I last saw h alive on Oct 23 /, 19 28,

and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (Acute)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R L Eastman, M. D.

, 19 (Address) 1514 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Oct 27 19 28

20 UNDERTAKER: Geo. L. Ruth — ADDRESS: 1735 Harford Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E38654 HEALTH DEPARTMENT—CITY OF BALTIMORE E38654

CERTIFICATE OF DEATH 38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-38 ST. WARD)

2-FULL NAME Mary Bricker

(a) RESIDENCE No. Phila. Rd & Oakdale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 10/1/1872

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Jack Gept

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 ARR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 25 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-10 , 1928 , to 10-25 , 1928 ,

that I last saw her alive on 10-25 , 1928 ,

and that death occurred, on the date stated above, at 2 00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.

Arteriosclerosis general.

Broncho-Pneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis — Syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam + X Ray

(Signed) C. H. Mark, M.D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakdawn Cemetery — DATE OF BURIAL 10/27/28

20 UNDERTAKER George J. Whitlock Sons — ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

E38655 HEALTH DEPARTMENT—CITY OF BALTIMORE E38655

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 3-4 WARD)

2-FULL NAME Frank W. Simms

(a) RESIDENCE NO. 244 S. Bethel St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ——— yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mio.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain of a lighter

(b) General nature of industry, business, or establishment in which employed (or employer) Sea Transportation

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Randall Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1928. to Oct. 22 1928.

that I last saw h[redacted] alive on Oct. 22, 1928.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

Myocardial Insufficiency

(duration) 20? yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ———

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. M. Gilchrist, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 10/29/28

A UNDERTAKER George D. Ruth — ADDRESS 1725 Harford

Spec.—2-29-28—L. F. S.—500 Bks.

21887 E38656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38656

CERTIFICATE OF DEATH

× 38

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 7-4 WARD)

2—FULL NAME Earl Edwards

(a) RESIDENCE NO. 1311 Orse - Sparrows Pt WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-8-28

7 AGE — Years: ____ Months: 3 Days: 15 If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in whirh employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER E. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER Myrtle Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant: Records -

(Address)

15 Filed ____, 19 ____ Registrar

2910 ARR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct - 23 - 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct - 23, 1928, that I last saw him alive on Oct - 23 1928 and that death occurred, on the date stated above, at 4:35 a m.

The CAUSE OF DEATH* was as follows:

Marasmus

Dysentery

(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY (Secondary) Congenital Lues ~~Syphilis~~

(duration) ____ yrs. 3 mos. ____ ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? ____ Date of ____

Was there an autopsy? Hist Anatomical

What test confirmed diagnosis? ____

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
1928 C. HAMPSON JONES, M. D.
OCT 27

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38657

CERTIFICATE OF DEATH

161-001

E38657

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3016 Elliott ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Foetus Rice

(a) RESIDENCE NO. 3016 Elliott ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 10-26-28

8 AGE Years Months Days If LESS than 1 day, hrs. or 1 min.

Miscarriage at 5 months

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo. J. Bice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Holda Ketchum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Geo. J. Rice

(Address): 3016 Elliott St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-26-28

17 I HEREBY CERTIFY, That I attended deceased from 10-26-28, 19, to 10-26-28, 19,

that I last saw h or alive on 10-26-28, 19

and that death occurred, on the date stated above, at 2:21 a. m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Premature at 5 months

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical signs

(Signed) I. B. Bronushas, M. D.

10-26-28 Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health

ADDRESS

OCT 27 1928

C. HARRISON JONES, M. D.

7 1928 Registrar 3913

Spec.—1-10-21—M&T—1500 Bks.

E38658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38658

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2911 W Lanvale ST. 16-67 WARD)

2-FULL NAME Alice Molloy

(a) RESIDENCE NO. 2911 W Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jany 1, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Walter Molloy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Grady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs M. Molloy (Address) 526 Wottingham Rd

15 Filed . 19 Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct-17 . 1928 . to Oct 26 . 1928 .

that I last saw h alive on Oct 26 . 1928 .

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 19 28 (Address) 108 N Dallas Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 10/29 19 28

20 UNDERTAKER Henry A. Hamerton

ADDRESS 201-11 Eutaw St

TION IS very important. See instructions on back of Certificate

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38659

40 E38659

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital Ward 7-13)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julie Hagedel

(a) RESIDENCE NO. 940 N. Chapel Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andew Handler

6 DATE OF BIRTH (month, day, and year): March 10. 1900

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	28	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER Louis Lizzy

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Stepanek

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Bohemia

14 Informant Andew Handler

(Address) 940 N. Chapel St.

15 Filed ....., 19 .....

Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Peritonitis

(Duration) ..... mos. ds.

CONTRIBUTORY (Secondary) Rupture of Intestine

(Duration) ..... mos. ds.

(Signed) O. H. Gladt M. D.

(Coroner)

27 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 29 1928

20 UNDERTAKER: August Pasek — ADDRESS: 2107 Aisquith

Spec.—1-12-23—M&T—500 Blks.

E38660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38660

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 21-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ann Stewart

(a) RESIDENCE NO. 427 W. Hamburg st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 0 41

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 10-26 19 28 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1926 to Oct. 26 1928, that I last saw her alive on Oct. 26 1928 and that death occurred, on the date stated above, at 5.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Senility

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn

DATE OF BURIAL Oct 30 1928

20 UNDERTAKER M E Groom

ADDRESS 431 W Fayette St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38661 E38661

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10th St & Kenrick Rd. 13-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Palmer

(a) RESIDENCE NO. Home for Friendless WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herbert Patterson

6 DATE OF BIRTH (month, day, and year): Oct. 24-1852

7 AGE: 76 Years | Months | 3 Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Thomas Pa.

PARENTS

10 NAME OF FATHER: Henry Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Lyda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Louden Penna

14 Informant: John F. Palmer (Address) 2218 Poppleton Road Towson

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1928. to Oct 27 1928. that I last saw her alive on Oct 26 1928 and that death occurred, on the date stated above, at 1.45 A.m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans (duration) 4 yrs — mos — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 2 yrs — mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm S Mayo M. D.

10/27 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Homewood Penna — DATE OF BURIAL: Oct 28 1928

20 UNDERTAKER: Chas D. Mitchell & Sons — ADDRESS: 1300 Eutaw Place

Cor—11-9-28—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38662

CERTIFICATE OF DEATH.

90 E38662

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4204 Penhurst St., 18-13 Ward)

2-FULL NAME Fredick Irving Mosher

(a) RESIDENCE NO. 4204 Penhurst St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Harriet E Mosher

6 DATE OF BIRTH (month, day, and year): Nov 28-1861

7 AGE — Years: 66 Months: 10 Days: 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fire Insurance

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Auburn N. Y.

(State or country)

PARENTS

10 NAME OF FATHER: John Mosher

11 BIRTHPLACE OF FATHER (city or town): N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Wilkinson

13 BIRTHPLACE OF MOTHER (city or town): N. Y.

(State or country)

14 Informant (Address): Harriet E Mosher 4204 Penhurst

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) E E Fisk M. D.

(Coroner)

(Address) Oct 27 1928 North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albany, N Y Date of Burial Oct 28 1928

20 UNDERTAKER: Wm C Jackson

ADDRESS

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E38663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 S. Calhoun St., 19-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry S Walt

(a) RESIDENCE NO. 115 S Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L.

6 DATE OF BIRTH (month, day, and year) Mar 24, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Jefferson Wolf

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Susan Boyd

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Anna L Walt

(Address) 115 S. Calhoun St

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. [illegible] M. D.
(Coroner)

10/29 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md — Date of Burial Oct 25 1928

20 UNDERTAKER E. J. K. Gladfelter — ADDRESS Middletown Md

very important. See instructions on back of certificate.

C. EMERSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38664

CERTIFICATE OF DEATH.

100-001 E38664

1-PLACE OF DEATH

City of BALTIMORE: (No. 1432 Gough St. 3-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph Martino

(a) RESIDENCE NO. 1432 Gough St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): August 1 1925.

7 AGE: Years — Months: 2 — Days: 25 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Frm. Martino

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Augustina Delonga

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore Md.

14 Informant (Address): Frm. Martino 1432 Gough St.

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and by personal and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. mos. ds.

Signed: Geo. C. Gladis M. D.

(Coroner)

(Address) 143 E. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 29 1925

20 UNDERTAKER: Wendell & Hupel — ADDRESS: 200 E. Eland

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38665

CERTIFICATE OF DEATH

166 ✓ E38665

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-A WARD)

2—FULL NAME Mrs Orah Calder (Mrs Ada Mae Calder)

(a) RESIDENCE NO. Belair Harford Co St.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Orch Calder

6 DATE OF BIRTH (month, day, and year): March 1898

7 AGE — Years: 30 — Months: 7 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: P. C. Snodgrass

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Virginia

14 Informant: Mrs Orch Calder

(Address): Belair Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1928, to Oct 27, 1928, that I last saw h er alive on Oct. 27, 1928 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury Poison Suicide

C. Coroner J. J. Thomassey

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Uremia Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) Frances W Gluck, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Oct 29 1928

20 UNDERTAKER: Dean & Foster — ADDRESS: Belair Md

Spec.—2-29-28—L. F. S.—500 Bks.

E38666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38666

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-16 57

CITY OF BALTIMORE: (No. 4702 Garrison Blvd ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia N Pivtorsky (Nepivtorsky)

(a) RESIDENCE NO. 4702 Garrison Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Hirsch Nepivtorsky

7 DATE OF BIRTH (month, day, and year) 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Mendel Weinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Burstman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Clarel Buckner

(Address) 4702 Garrison Blvd.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Oct 26, 1928, that I last saw her alive on Oct 26, 1928 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic coma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Leitz, M. D.

Oct 26 1928 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 10/28 19 28

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38667

CERTIFICATE OF DEATH

57 E38667

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 921 E. Fruston ST. 10-14 WARD)

2—FULL NAME Mary Holden

(a) RESIDENCE NO. 921 E Fruston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Holden

DATE OF BIRTH (month, day, and year) May 15 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Bryan Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt Scully

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Agnes Holden

(Address) 921 E. Fruston St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26th 1925 to Oct 26th 1928

that I last saw her alive on Oct 25th 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 3 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) L. McCarthur M. D.

Oct 27 1928 (Address) 111 Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Cem	Oct 30 1928
20 UNDERTAKER Wm Cook	ADDRESS 521 N Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38668

CERTIFICATE OF DEATH.

109-002 L

E38668

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 27-47 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora M. Barclay

(a) RESIDENCE NO. 4335 York Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13/1919

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	9	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Barclay

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Beatrice Goni

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Spain

14 Informant George Barclay

(Address) 508 W. Fayette St

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acite Dilatation of heart

Following Tonsillectomy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Weis, M. D.

(Coroner)

10/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial 10/29 1928

20 UNDERTAKER William Cook ADDRESS 502 E North

very Important. See instructions on back of certificate.

OCT 29 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E38669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E38669

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3923 Arabia Ave (ST.) (WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Chessie M. Hyde

(a) RESIDENCE NO. 3923 Arabia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H.

7 DATE OF BIRTH (month, day, and year): July 14 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

10 NAME OF FATHER: Joseph E Brilam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Margaret Baccuccini

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Frances Carrington

(Address) 3923 Arabia Ave

15 Filed [illegible], 19 [illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 26 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to October 26 1928.

that I last saw her alive on October 26 - 1928

and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Left)

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): arterio sclerosis

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Greif M. D.

10/27 1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: Oct 29 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Abercrombie 3524 Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38670

CERTIFICATE OF DEATH

1-4-001

E38670

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3435 University Place ST., 17 WARD)

2—FULL NAME George Whitmarsh

(a) RESIDENCE NO. 3435 University Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Whitmarsh

DATE OF BIRTH (month, day, and year) March 13 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Decorator

(b) General nature of industry, business, or establishment in which employed (or employer) 053

(c) Name of employer Grant Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George Whitmarsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna E Whitmarsh

(Address) 3435 University Place

15 Filed Dec 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Oct 27, 1928

that I last saw h[illegible] alive on Oct 27, 1928

and that death occurred, on the date stated above, at 5 5 m.

The CAUSE OF DEATH* was as follows:

Apoplexy, (Cerebral Hemiplegia (Right)

(duration) Four hours yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Abercrombie M. D.

10/28, 1928 (Address) 3524 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 10 31 1928

20 UNDERTAKER W. E. Cook

ADDRESS 2700 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38671

CERTIFICATE OF DEATH

90 ✓ E38671

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 820 Carroll ST. 21-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie A Kane

(a) RESIDENCE NO. 820 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kane

DATE OF BIRTH (month, day, and year) Oct 26, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary E. Barker

(Address) 820 Carroll St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 26, 1928, that I last saw her alive on Oct 26, 1928 and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Mitral Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

10/27, 1928 (Address) 108 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine	10/29, 1928
20 UNDERTAKER	ADDRESS
William Cole	528 Park Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38672

CERTIFICATE OF DEATH

90 E38672

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3010 E. Fayette St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Burger

(a) RESIDENCE NO. 3010 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank J. Burger

6 DATE OF BIRTH (month, day, and year): March 12-1907

7 AGE: Years 21 Months 7 Days 14 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Michael Torain

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Frank J. Burger

(Address): 3010 E. Fayette St.

15 Filed OCT 29 1928 J. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 26-1928

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1928. to Oct 26, 1928.

that I last saw h... alive on Oct 26, 1928.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Endocarditis (Valvular)

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Standish McCleary, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 10/29 1928

20 UNDERTAKER: Chas. P. Manelon ADDRESS 918 W. Mt. Royal Ave

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E38673

CERTIFICATE OF DEATH

REGISTERED NO. E38673

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Broadway ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Statter

(a) RESIDENCE NO. 11 S. Broadway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William Statter

DATE OF BIRTH (month, day, and year) May 23rd. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER Benjamin Staub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mr. Henry Statter

(Address) 11 S. Broadway

15 Filed Oct 28 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct-16, 1928, to Oct 26, 1928, that I last saw h[illegible] alive on Oct-26, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho-Pneumonia

(b) (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Dan'l O'Connor, M. D.

19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rosedale Cemetery	10/29/ 19 28

20 UNDERTAKER David Sondheim

ADDRESS 518-20 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E38674 HEALTH DEPARTMENT—CITY OF BALTIMORE E38674

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 S. High ST. 3-5 WARD)

2-FULL NAME Jennie Reed

(a) RESIDENCE No. 36 S High ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daughter of Sarah D. Reed

6 DATE OF BIRTH (month, day, and year): Unknown 1868

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: James Joshua Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Sarah V. Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

14 Informant: Edward R. Folger (Address) 4003 Penhurst Ave

15 Filed OCT 28 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Oct 27, 1928, that I last saw her alive on Oct 27, 1928, and that death occurred, on the date stated above, at 4:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Benj. Rushmore, M. D.

Oct 27, 1928 (Address) 1814 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem — DATE OF BURIAL: 10/30 1928

20 UNDERTAKER: Robert Brookerson — ADDRESS: Car Calhoun Hollins

C. HAMILTON JONES, M. D.

Spec.—1-10 21—M&T—1500 Blks.

E38675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38675

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital (St.) 5-8 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Allen

(a) RESIDENCE No. 162 East St., Balto., Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mate

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Seaman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S.C.

PARENTS

10 NAME OF FATHER Edward Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed OCT 29 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Oct. 26, 1928,

that I last saw him alive on October 26, 1928

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

uncertain (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? nO Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray & Lab. findings

(Signed) P. Lawrence, M. D.

10/27, 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct. 29, 1928

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 S. North ave.

Spec.—1-10-21—M&T—1500 Bks.

E38676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E38676

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 27-44 WARD)

2-FULL NAME John F. Hohmann

(a) RESIDENCE (No.) 4600 Mansfield Av. ST. Hamilton Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hohmann

6 DATE OF BIRTH (month, day, and year) Sept 18, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 63

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Hohmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elz Schroder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John F. Hohmann (Address) 4600 Mansfield Ave

15 Filed .19 H. A. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, .1928. to Oct. 26, .1928.

that I last saw h[illegible] alive on Oct. 26, .1928

and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgenography

(Signed) Nicholas V. Zanelli M.D. M. D.

.19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL Oct 29 1928

20 UNDERTAKER Mrs. John W. Teufel & Son — ADDRESS 221 W. Fayette

THIS IS VERY IMPORTANT—SEE INSTRUCTIONS ON REVERSE SIDE

C. HAMPTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E38677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38677

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp.

CITY OF BALTIMORE: (No.) Howard & Madison ST. 7-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Gregus

(a) RESIDENCE NO. 1001 Bayard ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gregus.

6 DATE OF BIRTH (month, day, and year) Feb 2, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Record

15 Filed OCT 29 1928 19 HAROLD [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928. to Oct 26, 1928 that I last saw h in alive on Oct 26, 1928, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

(duration) 2 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Perforated Gastric ulcer

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 22-1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. H. Reifschneider M. D.

10/26, 1928 (Address) Md Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 30 1928

20 UNDERTAKER Fun + Mo. J. H. Leipelson — ADDRESS 20 W. Fayette

FRONT PAGE must appear on back of this

Rec.—2-29-28—L. F. S.—500 Bks.

E 38678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38678

CERTIFICATE OF DEATH

44

E38678

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2108 E. Baltimore ST., 6-10 WARD)

2—FULL NAME Gustav Saffenstein

(a) RESIDENCE NO. 2108 E. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Saffenstein

DATE OF BIRTH (month, day, and year) Oct. 5 - 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47 yrs		23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) n/h

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Leon Saffenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fanny Charkus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ann Saffenstein (Daughter)
(Address) 2108 E Baltimore

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Oct 28, 1928, that I last saw him alive on Oct. 27, 1928 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Gastric

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 11-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno W. Purdy, M. D.

10/28, 19 28 (Address) 1300 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mehrer to Learned	10/29 19 28
20 UNDERTAKER	ADDRESS
Jack Levin	1439 Balto W

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 38679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38679

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2914 Walbrook Ave ST. 15-67 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Friedman

(a) RESIDENCE. No. 2914 Walbrook Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Morris Friedman

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Frank Goldenberg
(Address) 2914 Walbrook Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1928, to Oct 28, 1928, that I last saw h~~er~~ alive on October 28 1928, and that death occurred, on the date stated above, at 4 50 A m

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
a few hours.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Indigestion (late supper) about 8 hours.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. W. Keown, M. D.

10/28/1928 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 10/29 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt St

OCT 29 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38680

CERTIFICATE OF DEATH

90

E38680

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1302 Hollins ST. 14-28 WARD)

2—FULL NAME Sarah Ann Stewart

(a) RESIDENCE NO. 1302 Hollins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles N. Stewart

7 DATE OF BIRTH (month, day, and year) Dec. 16, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin F. Newlin

11 BIRTHPLACE OF FATHER (city or town) Baltimore County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna L. Woodall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Charles N. Stewart
(Address) 1302 Hollins St.

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-25, 1928, to Oct 26, 1928, that I last saw her alive on Oct 26, 1928 and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

10/28, 1928 (Address) 108 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct. 29, 1928
20 UNDERTAKER	ADDRESS
[illegible]	1003 West Baltimore St

Spec. 7-17-26—A Co.—200 Bks.

E38681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E38681

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4803 Burland Ave. Pasadena 42 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud Casa

(a) RESIDENCE NO. 4803 Burland Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gaetano Casa

6 DATE OF BIRTH (month, day, and year) November 24th, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	39	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, professioo or particular kiod of work Housework

(b) Geoeral oature of iodustry, busioess, or establishment io which employed (or employer) At Home

(r) Name of eoployer

9 BIRTHPLACE (city or towo) Columbus

(State or country) Ohio

PARENTS

10 NAME OF FATHER Cyrus Spitzer

11 BIRTHPLACE OF FATHER (City or towo) Unknown

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Ioformaot Gaetano Casa

(Address) 4803 Burland Ave.

15 Filed Oct 29 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, aod year) October 26th, 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 20 1927 to Oct 26th 1928

that I last saw her alive oo Oct 26th 1928

and that death occurred, oo the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, hypertension.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if oot at place of death? —

Did ao operatioo precede death? No Date of

Was there ao autopsy? No

What test coofirmed diagnosis? Signs & symptoms

(Signed) Edith Benton, M. D.

Oct 27 1928 (Address) Ovella Md.

*State the Disease Causing Death, or in deaths from Violeot Causes, state (1) Meaos and Nature of Injury, aod (2) Whether Accideotal, Suicidal, or Homicidal. (See reverse side for additioool space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Oct 29 1928

20 UNDERTAKER Frederick Lassahn & Sons ADDRESS Fiderston

very important. See instructions on back of Certificate.

Oct 29 1928 C. HARRISON KYLE, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E38682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38682
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 25-75 WARD

2-FULL NAME Elsie Martha Gallion

(a) RESIDENCE No. 831 Pontiac Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of Frank L. Gallion

6 DATE OF BIRTH (month, day, and year) Nov 27, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	43			
	44	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Liverpool England

PARENTS

10 NAME OF FATHER Ebenezer H. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Lomax

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Ruth May Sudbrook (daughter)
(Address) 831 Pontiac ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Oct 27, 1928, that I last saw her alive on Oct 21, 1928 and that death occurred, on the date stated above, at 5.45A m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency with ventricular fibrillation (Rheumatic origin).

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia, Myocardial insufficiency (degeneration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Elizabeth B Sherman, M. D.

Oct 27, 1928 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Oct 29 1928

20 UNDERTAKER F. A. Kramer ADDRESS 703 Hamburg

FRANKLIN SQUARE HOSPITAL
OCT 29 1928
C. HAMILTON JONES, M.D.

...c.—2-29-28—L. F. S.—500 Bks.

E38683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E38683

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 3612 Roland Ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence T. Booker

(a) RESIDENCE NO. 3612 Roland Ave. ST., 13 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/ yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of C. Milton Booker

DATE OF BIRTH (month, day, and year) June 22-1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

10 NAME OF FATHER Noah Stockedale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Hand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Edna T. Almony

(Address) 3612 Roland Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 25th, 19 28, to Oct 28, 19 28,

that I last saw her alive on Oct 27th, 19 28

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Arteriosclerosis

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. Andrew M. D.

Oct 29 1928 (Address) 846 W 36th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Mary's Ramsden	Oct. 30 1928.
20 UNDERTAKER	ADDRESS
Jonas A. Bruce	563 Falls Road

...1928 HANSON JONES, M. D.

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38684

CERTIFICATE OF DEATH

E38684

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 910 E. Biddle ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph M. Driscoll

(a) RESIDENCE NO. 910 E. Biddle ST., ... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? 58 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine L. Driscoll

DATE OF BIRTH (month, day, and year) Apr 9, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Sculptor

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER James Driscoll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr James Driscoll

(Address) 910 E Biddle St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928 to Oct 28, 1928

that I last saw h~~im~~ alive on Oct 28, 1928

and that death occurred, on the date stated above, at 3:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma middle third
Oesophagus

... (duration) ... yrs 5 mos. ... ds.

CONTRIBUTORY (Secondary) Cachexia

... (duration) ... yrs ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Thomas J Coleman, M. D.

Oct 28, 1928 (Address) 1001 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 31 1928
20 UNDERTAKER	ADDRESS
Henry Stock & Son	130 E Eager St

C. HAMPTON JONES, M.

ec.—2-29-28—L. F. S.—500 Bks.

E38685

HEALTH DEPARTMENT—CITY OF BALTIMORE

Carl.

90

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. E38685

CITY OF BALTIMORE: (No. 2407 Calvert Ave ST., 16-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. Carl

(a) RESIDENCE NO. 2407 Calvert Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary A. Carl

DATE OF BIRTH (month, day, and year): Jan 20, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired 014

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Charles Carl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Brauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mamie E. Henderson

(Address) 2407 Calvert Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 19 28, to Oct 27, 19 28, that I last saw h alive on Oct 26, 19 28 and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

CONTRIBUTORY (Secondary): Pulmonary Oedema (duration) yrs. 6 mos. ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Woodward M. D.

Oct 27, 19 (Address) 4834 W Forest Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 29 1928

20 UNDERTAKER: George J Smith — ADDRESS: 1522 Hollins

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38686

CERTIFICATE OF DEATH.

E38686

1-PLACE OF DEATH

City of BALTIMORE: (No. 1363 N. Stockton Ward) 15-23

REGISTERED NO. 129

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Lewis

(a) RESIDENCE NO. 1363 N. Stockton Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.

(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Robt Lewis

(Address) 1435 Myrtle Ave

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) Mo yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Oct 26, 1928 Signed G. B. Lynch, M. D.

(Coroner)

(Address) North Ave & Dover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cemetery Date of Burial Oct 29 1928

20 UNDERTAKER Thomas E Nelson ADDRESS 1303 Baltimore

Very Important: See instructions on the back of this certificate.

Sp E38687 1500 Bks.

E38687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Bentalou St ST. 20-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Eliza Fish

(a) RESIDENCE No. 532 S. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert C. Fish

6 DATE OF BIRTH (month, day, and year) Dec 28th, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville, Md.

PARENTS

10 NAME OF FATHER Peter Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary E. Short

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundal County, Md.

14 Informant Mrs Estella Joyce

(Address) 532 S. Bentalou St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21- 1928 to Oct 26- 1928

that I last saw h alive on Oct 26 1928

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albuminuria

(Signed) Chas A Carl M. D.

10/29/28 (Address) 210 N Bals St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct29th28

20 UNDERTAKER F. B. Wippert,

ADDRESS 1850 W. Baltimore,st

FROM THE ORIGINAL

OCT 30 1928 C. HAMPSON

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38688

CERTIFICATE OF DEATH

11-001

E38688

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 1942 Light ST. 23-34 (WARD)

2—FULL NAME Lilian E. Mueller

(a) RESIDENCE NO. 1942 Light ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 24, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer Chocolate Products Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wilbur A. Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Bennett Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

Informant Bennett Mueller

(Address) 1942 Light St

Filed Oct 29 1928, 19 RDL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 19 28, to Oct 28, 19 28,

that I last saw h alive on Oct 28, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) - La Grippe

(duration) yrs mos 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C. R. Whelan, M. D.

10/29, 19 28 (Address) 1279 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Oct 31 19 28
20 UNDERTAKER	ADDRESS
Wilson Cook	Woodlawn

...—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E38689 E38689

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 224 N. Pine ST., 4-16 WARD)

2—FULL NAME Mary L. Braun

(a) RESIDENCE NO. 224 N. Pine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Braun.

DATE OF BIRTH (month, day, and year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Issue Hill Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John T. Braun

(Address) 224 N. Pine St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Oct 17, 1928,

that I last saw her alive on Oct 17, 1928

and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? biopsy

(Signed) Edward Kelly, M. D.

Oct 27, 1928 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Issue Hill Md. DATE OF BURIAL Oct 27 1928

20 UNDERTAKER Mark A. Elliott ADDRESS 1323 Ashland Ave

E. H. JONES, M. D.
OCT 29 1928

pec.—2-29-28—L. F. S.—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38690

CERTIFICATE OF DEATH

49 ✓

F38690

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2328 Orleans ST., 6-10 WARD)

2—FULL NAME Stephen Eisenhauer

(a) RESIDENCE NO. 2328 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Eisenhauer

DATE OF BIRTH (month, day and year) ~~Dec~~ 23-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer Baltimore City

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Frank Eisenhauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mamie Eisenhauer

(Address) 2328 Orleans St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-15 1928 to 10-27 1928

that I last saw him alive on 10-26 1928

and that death occurred, on the date stated above, at 2 10 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of Prostate & Bladder

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Cystoscope

(Signed) Edward [illegible] M. D.

10/28, 19 28 (Address) 413 Mansion

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel

DATE OF BURIAL Oct 30 1928

20 UNDERTAKER Wm Ulrich

ADDRESS 700 N Eden

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38691

CERTIFICATE OF DEATH

90

F38691

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1516 N Wolfe ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John George Stricker

(a) RESIDENCE NO. 1516 N Wolfe ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

3 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna K Stricker

DATE OF BIRTH (month, day, and year): Oct 3 1855

AGE: Years 73 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Copper works

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Henry Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

4 Informant: Charles Stricker

(Address) 815 Madison Ave

5 Filed OCT 29 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 27-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1928 to Oct 27 1928

That I last saw him alive on Oct 27 1928

and that death occurred on the date stated above, at 8:40 a m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

CONTRIBUTORY (Secondary) Senile Cardiac Degeneration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gordon Richards M. D.

10-24 19 28 (Address) 600 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Oct 31 19 28

20 UNDERTAKER: John Ulrich — ADDRESS: 2928 Orleans

pec.—1-12-23—M&T—500 Bks.

E38692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ~ E38692

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST., 10 WARD)

2-FULL NAME Martha Dean

(a) RESIDENCE No. 205 S Collington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Dean

6b DATE OF BIRTH (month, day, and year): Oct 3, 1902

7 AGE: 26 Years | Months: 0 | Days: 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Husband

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Oct 27, 1928, that I last saw her alive on Oct 27, 1928, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Henry C Smith, M. D.

, 19 (Address) Mercy City Hosp

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 10 3 1928

20 UNDERTAKER: W M Cook

ADDRESS: Lor Edmondson Ave

ec.—2-29-28—L. F. S.—500 Bks.

Clarke

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38693

CERTIFICATE OF DEATH

90 3214 Piedmont Ave

F38693

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1441 N. Fulton ST., 15-H WARD)

2—FULL NAME Albert C. Jennings

(a) RESIDENCE NO. 1441 N. Fulton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elsie L

DATE OF BIRTH (month, day, and year): June 26 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City Schools

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Wm H. Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Susan Conard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Elsie L Jennings

(Address): 1441 N. Fulton

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27-28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to October 27, 1928, that I last saw him alive on Oct. 26, 1928, and that death occurred, on the date stated above, at 4.50 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart & Anasarca

(duration) 1 yrs. 3 mos. 27 ds.

CONTRIBUTORY (Secondary) Mitral & Pulmonary regurgitation (duration) 1 yrs. 4 mos. 20 ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Clark, M. D.

Oct 28 1928 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 10/30 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Nash Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E38694

CERTIFICATE OF DEATH.

E38694

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 579 S Collington Ave St. 3 Ward)

2-FULL NAME Caroline Diefelder

(a) RESIDENCE NO. 579 S Collington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Diefelder

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years: About 75. Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Petroff ?

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: H. Ritterpusch

(Address): 21 S Ellwood Ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterus Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Oct 28 '28 Signed J. C. Gladden M. D.

(Coroner)

19 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cemetery Date of Burial: Oct 29 1928

20 UNDERTAKER: Wm Cook ADDRESS: 502 E York

pec.—1-12-23—M&T—500 Blks.

E38695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1002

16 E38695

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W. Lafayette St. 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 658 W. Lafayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/27/28

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas. H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Frances Haynie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address)

15 Filed , 19 2915 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28/1928

17

I HEREBY CERTIFY, That I attended deceased from 10/27, 1928, to 10/28, 1928, that I last saw h alive on 10/28/28, 19 , and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Kelly, M. D.

10/29/1928 (Address) 9 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

OCT 29 1928

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E38696

E38696
1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1036 Poplar Grove St. St., 16-67 Ward)

2-FULL NAME Miss Emma L Pabst (PABST.)

(a) RESIDENCE NO. 1036 Poplar Grove St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 11 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	74	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Pabst

11 BIRTHPLACE OF FATHER (city or town): Not known

(State or country)

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs Henry Lichtenberg

(Address) Catonsville Md

15 Filed ....., 19 ..... , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to Oct 26, 1928, that I last saw h alive on Oct 25, 1928, and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia and auricular fibrillation

(duration) ..... yrs. ..... mos. 17 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W. R. Riecks, M. D.

10/27, 1928 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cemetery Date of Burial 10-31 1928

20 UNDERTAKER: Mrs Chas A G Kohler ADDRESS 2307 Edmondson Ave

S E38697 1500 Bks. E38697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2846 Guilford Av (St.) (WARD) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Sarah Elizabeth McCallum

(a) RESIDENCE No. 2846 Guilford Av ST. WARD

(Usual place of abode) 2846 Guilford Av

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jas Call

6 DATE OF BIRTH (month, day, and year) May 15 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Sarah Yeager (Address) 2846 Guilford Av

15 Filed OCT 29 1928 C. HAMPSON JONES, Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Oct 27, 1928, that I last saw h alive on Oct 25, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(Sig Haemorrhage & Transverse fracture Jaws Cranium)

(duration) yrs. mos ½ ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Thomas Cain Buchanan M. D.

, 19 (Address) 606 St. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL 10/30 1928

20 UNDERTAKER J. J. Baker & Sons

ADDRESS 131 E Eighth St

Spec.—1-10-21—MAT—1500 Bks.

E38698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38698

CERTIFICATE OF DEATH.

100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 14-20 (WARD)

2-FULL NAME Cecil Coleman

(a) RESIDENCE NO. St Vincents Inf Asylum St Mothers St WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: 14 M.

Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Grayson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Grayson

12 MAIDEN NAME OF MOTHER Grayson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wilson

14 Informant: Sister Cipherny

(Address) St Vincents Inf. Asylum

15 Filed ..... 19.... Mother Virginia Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-25, 1928, to 10-27 1928, that I last saw him alive on 10-26- , 1928 and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nicholas J. Pinelli A.B. M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: 10/29 1928

20 UNDERTAKER: J. H. Tabb & Bros — ADDRESS: 3117 Eutaw

Spec. 7-17-26 A Co. 200 Bks.

E38699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 90 E38699

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 W. Franklin St., 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Husband Gust

(a) RESIDENCE NO. 715 N. Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown 1866

7 AGE Years 62 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 945

9 BIRTHPLACE (city or town) New York City

(State or country) New York

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Mrs. Gust

(Address) 715 N. Stricker St.

15 Filed ..... 19 .....

C. HARRISON BOYD, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26 19 28 to Oct 27 19 28

that I last saw him alive on Oct 27 19 28

and that death occurred, on the date stated above, at 9:00 A m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Contributing Circumstances

Arteriosclerosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Harrison Boyd, M. D.

. 19 (Address) 1437 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y. Date of Burial Oct 29 19 28

20 UNDERTAKER J. J. Barton ADDRESS Eutaw and Lemmon

Very Important. See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blks.

E38700 E38700 E38700 E38700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 24-35 WARD)

2-FULL NAME Joseph Golebiewski

(a) RESIDENCE No. 1353 Hull ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of ~~(or Wife of)~~ Tropila Golabiewski

6 DATE OF BIRTH (month, day, and year) Dec 28 1873

7 AGE: Years 54 | Months 10 | Days 7. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (Stevedore)

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Frank Golabiewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Tropila Golabiewski

(Address) 1353 Hull St

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 28 1928

17 I HEREBY CERTIFY, That I attended deceased from October 17, 1928, to October 28, 1928, that I last saw him alive on October 28, 1928, and that death occurred, on the date stated above, at 1.05 p. m.

The CAUSE OF DEATH* was as follows:

Gastric malignancy (?)
(Carcinoma)

(duration) 2 yrs. (?) mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Geo. K. Gulick, M. D.

10/28, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Oct. 31 1928

20 UNDERTAKER George A. Weber ADDRESS 705 S Ann St

Rec.—2-29-28—L. F. S.—500 Bks.

E 38701

E38701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38701

E38701

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 5904 (Street) Park Heights Ave. (Ward) 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susanna Brenneman

(a) RESIDENCE NO. 5904 Park Heights Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Brenneman

DATE OF BIRTH (month, day, and year): June 20 1833

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	95	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Penna.

10 NAME OF FATHER: Joseph Stauffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Susan Chronister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Mr. J. Marshall Brenneman

(Address) 5904 Park Heights Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 28, 1928, that I last saw h[illegible] alive on Oct 28, 1928, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mns. 14 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis ?

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Tabert M. D.

(Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charlestown, W. Va.	Oct. 30, 1928

20 UNDERTAKER: John C. Mitchell & Son ADDRESS 1900 Eutaw Place

OCT 30 1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E38702 E38702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38702 E38702

CERTIFICATE OF DEATH.

188-1036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 9-46 Ward)

2-FULL NAME Edwin B. Frey

(a) RESIDENCE NO. 821 E. 33d St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Jones

6 DATE OF BIRTH (month, day, and year) August 5, 1838

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John B. Frey

11 BIRTHPLACE OF FATHER (city or town) Cecil Co

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Louis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Mary E. Frey

(Address) 821 E. 33d. Street

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1918

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Fractured Skull

Auto accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

10/28. 19 18 (Address) 3622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Druid Ridge Cemetery	10/30 19 28

20 UNDERTAKER Henry U. Mears & Son ADDRESS 806 W. Calvert

Dec.—2-29-28—L. F. S.—500 Bks. E38703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38703 ✓ E38703

E38703 + 90 E38703

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 74 WARD)

2—FULL NAME Albert L. Kenney

(a) RESIDENCE NO. Poplar Md ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A. Kenney

DATE OF BIRTH (month, day, and year) Dec. 6 1860

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farm

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Hazel Kenney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ____

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant JOHNS HOPKINS HOSPITAL
(Address) Records -

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29-28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1928, to Oct 29, 1928, that I last saw him alive on Oct 29, 1928, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial infarction
with Coronary sclerosis.

Probably 3 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ~~H. Hunt~~ C. W. Bruyn M. D.

Oct 29, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Camp Chapel Cemetery	Oct 31 1928
20 UNDERTAKER Frederick Lassahn & Son	ADDRESS Pulaski

Spec.—8-24-14—M. & T.—2000 Blks.

E38704 HEALTH DEPARTMENT—CITY OF BALTIMORE E38704 E38704

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital School Green Spring & Keyworth Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Elizabeth Hobbs

(Residence in Baltimore: No. Childrens Hospital School St.; — yrs., — mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Child

6-DATE OF BIRTH. August 8- (Month) (Day), 1919 (Year)

7-AGE. 9 yrs. 2 mos. 21 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country). Hinton W. Va.

PARENTS.

10-NAME OF FATHER. John R. Hobbs.

11-BIRTHPLACE OF FATHER (State or Country). W. Va.

12-MAIDEN NAME OF MOTHER. May Elizabeth Miller

13-BIRTHPLACE OF MOTHER (State or Country). W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sam Boggs

(Address) 127 Roscoe St.

15-

Filed ....., 191.....

Hinton W Va

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 29 (Month) (Day), 1928 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1928. to Oct 29 1928, that I saw h er alive on October 29 1928. and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis Acute
Retroperitoneal Abscess

(Duration) — yrs. — mos. 2 da.

CONTRIBUTORY (Secondary) Retroperitoneal Abscess

(Duration) — yrs. 2 mos. 7 da.

(Signed) Robert W. Johnson M. D.

Oct 29, 1928 (Address) 4 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 da. In the State — yrs. — mos. 3 da.

Where was disease contracted, if not at place of death? At home in Hinton W. Va

Former or usual residence 104-2nd St Hinton W. Va

19-PLACE OF BURIAL OR REMOVAL. Hinton Memorial Cem. DATE OF BURIAL. Oct 29 1928

20-UNDERTAKER Kellam & Fore ADDRESS 1129 Fayette St Fore

Spec.—1-12-23—M&T—500 Bks.

E38705 E38705 E38705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Schwartz

(a) RESIDENCE NO. 1022 Wilcox ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Schwartz

6 DATE OF BIRTH (month, day, and year) Aug. 3. 1881

7 AGE: 47 Years; Months: 2; Days: 25; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Schwartz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Laura Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant: Wife
(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

I HEREBY CERTIFY, That I attended deceased from July 26. 1928. to Oct 28. 1928.
that I last saw him alive on Oct. 28 . 1928.
and that death occurred, on the date stated above, at 5.15 A.m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore city
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) Henry C. Smith M. D.
. 19 (Address) Balto city Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Oct 31. 1928

20 UNDERTAKER: Edna W. Conklin — ADDRESS: 924 E Eager St.

Spec.—1-10-21—M&T—1500 Blks.

E38706 E38706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38706 E38706

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1900 W. Lombard ST., WARD)

2-FULL NAME Margaret Reichenbecker

(a) RESIDENCE NO. 1900 W. Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Reichenbecker

6 DATE OF BIRTH (month, day, and year) March 31-1850

7 AGE Years 78 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Wm Rodenmayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lottie Connelly

(Address) 1900 W. Lombard St.

15 Filed , 19 Oct 30 1928 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27th 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25th, 1928, to Oct 27th, 1928.

that I last saw h[illegible] alive on Oct 27, 1928,

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy. (Hemorrhage of brain)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) [illegible] M. D.

Oct 30 1928 (Address) 1605 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL Oct 30 1928

20 UNDERTAKER George L. Schwartz ADDRESS 201 Park Ave.

Spec.—1-10-21—M&T—1500 Blks.

E38707 E38707 E38707 E38707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3615 Reisterstown Rd ST. 3-57 WARD

2-FULL NAME Augusta L Appel

(a) RESIDENCE NO. 3615 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER William Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Henze

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Lizzie Appel (Address) 3615 Reisterstown

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 1923 to Oct 28 1928.

that I last saw her alive on Oct 27 1928.

and that death occurred, on the date stated above, at 4.40 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred C Jewett, M. D.

, 19 (Address) 2648 Penn. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: 10/30/28

20 UNDERTAKER: A. E. Marshall ADDRESS: 3539 Falls Road

WOOD HARRISON JONES, M. D.

...—2-29-28—L. F. S.—500 lks.

E 38708 E38708 E38708 E38708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. 1945

CITY OF BALTIMORE: (No. 3134 Hartford Rd ST., 19th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Mary Eberly.

(a) RESIDENCE NO. 3134 Hartford Rd ST., 19th WARD
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
F	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Eberly.

DATE OF BIRTH (month, day, and year) May 2, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	five	7 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Altoona. Pa.

10 NAME OF FATHER Michael B. McGrath.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Farren.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant George F. Eberly.

(Address) 3134 Hartford Ave.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28-1928

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1928 to Oct. 28 1928.

that I last saw h[illegible] alive on Oct. 28th 1928

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis-

(duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage.

(duration) yrs mos. 1 hour.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robert L. Kirk. M. D.

10-28-1928 (Address) 3126 Hartford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 31 28

20 UNDERTAKER Geo. A. Cutt Sons

ADDRESS 1735 Hartford Ave

10-28-1928 C. HAMPSON JONES, M. D.

Spec.-7-17-26—A Co.—200 Bks.

E38709 E38709 E38709 E38709 100-09

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Voelker

(a) RESIDENCE NO. 700 S Ellwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Voelker

6 DATE OF BIRTH (month, day, and year) Sept. 4. 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	71	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Voelker

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Gamber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary Voelker

(Address) 700 S Ellwood Ave

15 Filed ....., 19 ..... Registrar

C. Hampson Jones, M. D.

9 1928 ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28/28

17 I HEREBY CERTIFY, That I attended deceased from 10/8/28, 19..., to 10/28/28, 19...,

that I last saw him alive on 10/25/28, 19...,

and that death occurred, on the date stated above, at 1.35 pm m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate Gland (duration) Indefinite.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? Yes Date of 10/15/28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) J. S. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Carmel Cemetery	Oct. 31 1928
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St

Very Important. See instructions on back of certificate.

...c.—2-29-28—L. F. S.—500 Bks.

38710 E38710 ✓ E38710 E38710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 406 N. Kenwood Ave ST. 6-10 WARD)

2—FULL NAME Alfred F. Ray

(a) RESIDENCE NO. 406 N. Kenwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Kath. C. Ray

DATE OF BIRTH (month, day, and year) Jan 30, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	28	

OCCUPATION OF DECEASED

(a) Trade, professinn or particular kiod of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alfred Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Dorothea Ray

(Address) 406 N. Kenwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to Oct 28, 1928, that I last saw h[illegible] alive on Oct 28, 1928 and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. D. Meyer Jr. M. D.

10/29, 1928 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 31, 1928
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	1710 Fleet St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38711 186-103 E38711

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 20-69 Ward)

2-FULL NAME Charles E. Ludwig

(a) RESIDENCE NO. 2335 Lauretta St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 6 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 2 3

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Conrad Ludwig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant W. F. Ludwig

(Address) 2335 Lauretta Ave

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Automobile accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zitzer M. D.
(Coroner)

10/30, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Washington Blvd near Bayard St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cem. Date of Burial Oct. 31 1928

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS U. S.

Oct 30 1928 Wm. J. Tickner Jr. M.D.

Form.—1-12-23—M&T—500 Blks.

E38712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E38712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3501 Forest Park Ave (WARD) 15-61

2-FULL NAME Edwin E. Kershaw

(a) RESIDENCE NO. 3501 Forest Park Ave ST.: WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myra Kershaw

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Alpha Chemical Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Edwin Kershaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Josephine Vanhook

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Jos. Derbyshire

(Address) 1830 E. 28th St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27, 28

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Oct 27, 1928, that I last saw him alive on Oct 25, 1928, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry McCarty, M. D.

Oct 29 1928 (Address) 67 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Oct. 30, 28

20 UNDERTAKER W. J. Pickney & Sons ADDRESS Norfolk Va

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38713

CERTIFICATE OF DEATH.

74 E38713

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Southern Hospital + Home St.; 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Essig

(Residence in Baltimore: No. 202 Hillen Road St.; 10 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 13th (Day), 1859 (Year)

7-AGE, 69 yrs. 4 mos. 15 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Andrew W Essig

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa

12-MAIDEN NAME OF MOTHER Margaret Lombrecht

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothy Essig

(Address) 202 Hillen Road

15-

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1925, to Oct 28 1928, that I saw him alive on Oct 28 1928, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Paralysis of left side

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. da.

(Signed) E. H. Duncan M. D.

Oct 28, 1928 (Address) 516 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Oct 31st, 1928.
20-UNDERTAKER George Schilling + Sons	ADDRESS 1126 E Monument st

7

Spec.–7-17-26—A Co.—200 Bks.

E38714

Mary Virginia Chambers Sr. Father. 74-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38714

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 Augusta Ave Street (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Chambers

(a) RESIDENCE NO. 15 Augusta Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William B.

6 DATE OF BIRTH (month, day, and year): May 3, 1845

7 AGE: Years 83 Months 5 Days 26

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): W. Va.

PARENTS

10 NAME OF FATHER: John Hardesty

11 BIRTHPLACE OF FATHER (City or town)

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Lydia Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): W. Va.

14 Informant: Mrs. Dorothy Burgess

(Address): 15 Augusta Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct-29 1928

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to October 29, 1928, that I last saw h-r alive on October 29, 1928, and that death occurred, on the date stated above, at 2-30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Henry J. Stahler M. D.

Oct 29 1928 (Address) 249 Augusta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harpers Ferry W. Va. Date of Burial: Nov. 1 1928

20 UNDERTAKER: W. M. Corbin ADDRESS: 502 E. 25th St.

Very Important. See instructions on back.

OCT 30 1928 HARRISON FUNERAL HOME

Spec.—1-10-21—M&T—1500 Blks.

E38715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lo. Balto. Gen. Hosp. (St.) 5-63 (WARD)

2-FULL NAME John W. Poisal

(a) RESIDENCE NO. 4001 Barrington Road. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Mary Kate

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Michael Poisal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va. Va.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Hospital Records

(Address)

15 Filed ... 19 ... Registrar

OCT 30 1928 C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from 10. 25, 1928, to 10. 29, 1928, that I last saw him alive on 10. 29, 1928, and that death occurred, on the date stated above, at 10:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia 7 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Unknown yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. F. Leonard M. D.

10. 29 1928 (Address) Lo. Balto. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 10/31 1928

20 UNDERTAKER Wm Cook

ADDRESS 582 E Hoffman

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38716

CERTIFICATE OF DEATH.

12-9 E38716

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 410 S. Payson St ST. 20-28 WARD)

2-FULL NAME John Backhaus

(a) RESIDENCE NO. 410 S. Payson St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? 16 yrs. — mos — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Liprun

6 DATE OF BIRTH (month, day, and year) May. 11, 1866.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove Maker.

(b) General nature of industry, business, or establishment in which employed (or employer) Stove Making 086

(c) Name of employer Sexton Stove Wks

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Albert Backhaus Raised Stated and

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928.

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928. to Oct 28. 1928.; that I last saw h alive on Oct. 28, 1928., and that death occurred, on the date stated above, at 4 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) * none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clin Analyses &c.

(Signed) J. Chas. Linton, M. D.

10/30/28 (Address) 888 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 10/30/28 19

20 UNDERTAKER Sherwood & Sons

ADDRESS Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

E38717.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38717 E38717

CERTIFICATE OF DEATH.

1329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp St. 16-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Corriman

(a) RESIDENCE NO. 4515 Furley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): July 21 1881

7 AGE: Years 47 Months 3 Days 6. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Orderly Hospital

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS

10 NAME OF FATHER: Daniel Carman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna Pa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sarah Frances Carriman

(Address) 45-15 Furley Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 26 19

17

I HEREBY CERTIFY, That I attended deceased from 9-30-26, 19, to 10-27-26, 19,

that I last saw h im alive on 10-27-26, 19,

and that death occurred, on the date stated above, at 11 15 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate & Chr. Nephritis

(duration) 2 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-30-26

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 10/30 1926

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

Gross. E38718

E38718 HEALTH DEPARTMENT—CITY OF BALTIMORE E38718

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 N. Carey ST. 1521 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Gross

(a) RESIDENCE No. 1702 N Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Gross

6 DATE OF BIRTH (month, day, and year) May 21 - 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fond Lenge Co. Miss.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William Gross (Address) 1702 N Carey St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Oct 28, 1928, that I last saw her alive on Oct 27, 1928, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Septicaemia

Caused by

L inguinal abscess complicated by pneumonia (duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Gen'l debility brought on by influenza (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Mission Home Maternity

Did an operation precede death? yes Date of Oct 1 - 28

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Bernard S. French M. D.

(Address) 707 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brandywine P. S. Co. Md. DATE OF BURIAL Oct 30 1928

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

Spec.—1-12-23—M&T—500 Blks.

E6719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E6719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2525 N Calvert ST. 12-50 (WARD)

2-FULL NAME John Mansfield Naudain.

(a) RESIDENCE NO. 2525 N. Calvert ST. 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 71 yrs 2 mos 12 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie H. Naudain

6 DATE OF BIRTH (month, day, and year): August-15-1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
71	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Treasurer of Co

(b) General nature of industry, business, or establishment in which employed (or employer): Tolchester

(c) Name of employer: Steamboat Co.

9 BIRTHPLACE (city or town) (State or country): Middletown Delaware

PARENTS

10 NAME OF FATHER: John M. Naudain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Middletown Delaware

12 MAIDEN NAME OF MOTHER: Mary Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Middletown Delaware

14 Informant (Address): Mrs Fannie H Naudain (wife) 2525-N-Calvert St

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1 1925 to Oct. 27 1928 that I last saw him alive on Oct 26 1928 and that death occurred, on the date stated above, at 10. a m

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary) Acute dilatation heart

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. C. Clark, M. D.

(Address) Latrobe apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Nov 1 1928

20 UNDERTAKER: Stewart & Moren Company ADDRESS: Balto.

Cor.—12-9-25—A Co.—200 Bks.

E38720

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 E38720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balt City Hospital St. 14-33 Ward

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva R Gannon

RESIDENCE NO. 127 Riverside Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles F Gannon

6 DATE OF BIRTH (month, day, and year) Aug 4 1894

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	34	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none worked

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore City

PARENTS

10 NAME OF FATHER Joseph Kozlowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Kozlowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Chester F Gannon

(Address) 127 Riverside ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging self committed while insane

(duration) ..... yrs. Indefinite mos. ..... ds.

CONTRIBUTORY (Secondary) Neurasthenia reported by husband

(duration) ..... yrs. Past mos. ..... ds.

(Signed) James M Gannon M. D.
(Coroner)

Oct 27 1928 (Address) Love Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem Date of Burial: 10/31 1928

UNDERTAKER: Wm Fawsworth ADDRESS: 1618 Eastern Ave

OCT 30 1928

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38721

CERTIFICATE OF DEATH

44 E38721

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 226 N Port St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Hohman

(a) RESIDENCE NO. 226 N Port St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Sebastian Hohman

6 DATE OF BIRTH (month, day, and year): May 22nd 1856

7 AGE: Years 72 Months 5 Days 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Jacobs.

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Theresa Hohman

(Address): 226 N. Port St.

15 Filed OCT 30 1928 19 C. HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 19 28 to Oct 29 19 28

that I last saw h[illegible] alive on Oct 28 19 28

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What was confirmed diagnosis?

(Signed) Chas E Gladden, M. D.

(Address) 143 So Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (3) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Nov 2 1928

20 UNDERTAKER: Lilly & Zeiler Inc — ADDRESS: 403 S. Bway

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38722

CERTIFICATE OF DEATH.

188-203

E38722

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J Zulauf

(a) RESIDENCE NO. 3803 E Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23rd 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broom Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Chas. J. Zulauf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Fauquier Va

12 MAIDEN NAME OF MOTHER Mary Lockard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mary V. Long Mother

(Address) 3803 E. Lombard St.

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*

Chronic Nephritis

Multiple Fractures

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Oct 29th 1925 (Signed) C. C. Slade M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Oct 31st 1925

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 400 S. Wolfe St

...ec.—2-29-28—L. F. S.—500 Bks.

E38723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E38723

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 411 N. Caroline ST. 6-4 WARD)

2—FULL NAME Julia Richards

(a) RESIDENCE NO. 411 N. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander Richards

DATE OF BIRTH (month, day, and year): 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Westmoreland Co. Va.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: John Richards

(Address): 411 N. Caroline St.

15 Filed ..., 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 28 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Oct. 28, 1928

that I last saw h[illegible] alive on Oct 28, 1928

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: Chronic valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

10-29, 1928 (Address) 120 Cisquite St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Oct. 31 1928

20 UNDERTAKER: Chas. D. Stinson — ADDRESS: 446 N. Caroline St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38724

CERTIFICATE OF DEATH.

188-103

E38724
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklyn Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Adalide Ortman

(a) RESIDENCE NO. 3323 St. Ambrose Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug do not know date of month 1872

7 AGE: Years 56 Months 2 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Jeremiah J Ortman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa C. Holbert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Louisa C. Ortman

(Address) 3323 St Ambrose Ave

15 Filed....., 19..... Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull
Hit by Automobile
at 4600 block Park Heights Ave

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas H. Brooke M. D.
(Coroner)

10/28, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial 10-31 1928

20 UNDERTAKER: H. C. Hammond & Son — ADDRESS 1136 Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

E.38725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E. 38725

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hawthorne

(a) RESIDENCE NO. 1714 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Marion Tyson

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Williametta Hawthorne

13 BIRTHPLACE OF MOTHER (city or town) S.C.

(State or country)

14 Informant Hopkins Records

(Address)

15 Filed....., 19.... R. S. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Oct 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Gastro-Indigestion
(Cause undetermined)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

10-30-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 10/30 19

20 UNDERTAKER Geo. H. Holland ADDRESS 1631 D. M. Ave

very important. See INSTRUCTIONS on back.

C. HAMPSON JONES, M. D.

spec.—1-12-23—M&T—500 Blks.

E38726 ✓ E38726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 N. Parish ST. 16-22 WARD)

2-FULL NAME James Herbert Chisley

(a) RESIDENCE NO. 1005 N. Parish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Chisley

6 DATE OF BIRTH (month, day, and year) July 24, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	4 3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd contract jobs.

(c) Name of employer Lately unemployed

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

PARENTS

10 NAME OF FATHER James W. Chisley

11 BIRTHPLACE OF FATHER (city or town) A. Arundel Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Hall

13 BIRTHPLACE OF MOTHER (city or town) A.R. County (State or country) Maryland

14 Informant Marie Chisley

(Address) 1005 N. Parish St.

15 Filed ..... 19 ..... Registrar

OCT 30 1928 C. HAMPSON JONES, M.D. Pel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Oct. 28, 1928, that I last saw him alive on Oct. 26, 1928 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs 1 mos 13 ds

CONTRIBUTORY (Secondary) Probably Rheumatism

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walenberry md — DATE OF BURIAL October 31 1928

20 UNDERTAKER Joseph A. Lively — ADDRESS 409 N Mount St

ec.—1-12-23—M&T—500 Bks.

E38727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38727

109-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bath City Hospital

CITY OF BALTIMORE: (No. 19-47 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Wooden

(a) RESIDENCE NO. 520 N Vincent ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W Wooden

DATE OF BIRTH (month, day, and year): Sept 30 1887

AGE: Years 41 Months 0 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm. Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Fanny Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Geo W Wooden 520 N Vincent St

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/1/28, 19 28, to 10/27/28, 19 28, that I last saw h[illegible] alive on 10/27/28, 19 28, and that death occurred, on the date stated above, at 3.50 p m

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Myocarditis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?: Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. Jas. Hall, M. D.

, 19 (Address) Bath City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: October 30 1928

20 UNDERTAKER: Joseph A. Sisly — ADDRESS: 409 N Monroe St

Spec.—1-10-21—M&T—1500 Blks.

Melson ✓

E38728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38728

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3715 Edmondson Ave. ST. 70-71 WARD)

2-FULL NAME Katherine S. Nelson,

(a) RESIDENCE No. 3715 Edmondson Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married,~~ Widowed, ~~or Divorced~~, (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Thomas H. Nelson,

6 DATE OF BIRTH (month, day, and year) May 8, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Virginia

PARENTS

10 NAME OF FATHER Thomas H. Nelson,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sophia C. Scott,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Miss Stella Nelson (Address) 3715 Edmondson Ave.

15 Filed . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 28 to Oct 29 19 28, that I last saw h in alive on Oct 29 19 28, and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Uremic Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Disappearing

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Dora M Woods, M. D.

. 19 (Address) 4100 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 19

20 UNDERTAKER Geo W Settle ADDRESS

...—2-29-28—L. F. S.—500 Bks.

E38729 HEALTH DEPARTMENT—CITY OF BALTIMORE E38729

90

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27443

CITY OF BALTIMORE: (No.) 5300 Hamlet Ave ST., WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. Getz

(a) RESIDENCE NO. 5300 Hamlet Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John A Getz

DATE OF BIRTH (month, day, and year) Nov 1873

AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Philip Barthel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Dreisel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Bernard J. Getz

(Address) 5300 Hamlet Ave

Filed ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 19 28, to Oct 27, 19 28

that I last saw her alive on Oct 27, 19 28

and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Influenza (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

19 29 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 31, 19 28

20 UNDERTAKER Ralph T. Turnecliffe ADDRESS 1477 N. Broadway

OCT 30 1928 C. HAMPSON JONES, Per

...ec.—2-29-28—L. F. S.—500 Bks.

E38730 HEALTH DEPARTMENT—CITY OF BALTIMORE E38730

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. ... WARD)

2—FULL NAME Osborne Jenkins

(a) RESIDENCE NO. 2039 McCulloh ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 1 mos. 28 ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Jenkins

DATE OF BIRTH (month, day, and year) Oct 7-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	-	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bottling Co

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Florida

10 NAME OF FATHER Benj Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Car.

12 MAIDEN NAME OF MOTHER Julia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Friend
(Address)

Filed ..., 19 ... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Oct. 27, 1928, that I last saw him alive on Oct 27, 1928 and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas

(duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept 17, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) C. O'Bring ... M. D.

10-30, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Miami Florida	Oct 31, 1928
20 UNDERTAKER	ADDRESS
Wm H. Chase Son	400 Madison

Cor.—12-9-26—A Co.—200 Bks.

E38731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-002

E38731

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 25-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Johnson

(a) RESIDENCE NO. Sparrs Point St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Fannie Johnson

6 DATE OF BIRTH (month, day, and year): [illegible] 1891

7 AGE — Years: 37 — Months: — — Days: — — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Va

10 NAME OF FATHER: Richard Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Trent

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

PARENTS

14 Informant: Fannie Johnson

(Address): 806 E Leigh St

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, and from Autopsy Inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Multiple Fracture

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ds.

(Signed) M. D.

(Address)

Oct 29/26 J. B. Hodges 1436 Kraay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond, Va. Date of Burial 19

20 UNDERTAKER: John H. Tradus ADDRESS

CHARLES JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

Charles Leroy Guernsey.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38732

CERTIFICATE OF DEATH

100-001 V

E38732

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital Broadway St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Leroy Guernsey

(a) RESIDENCE NO. 603 E Central Ave Orlando Florida Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 25th 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day — hrs. or — min..
	2	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child none

(b) General nature of indostry, business, or establishment in which employed (or employer) None

(c) Name of employer None.

9 BIRTHPLACE (city or town) Orlando.

(State or country) Florida

PARENTS

10 NAME OF FATHER Frank D. Guernsey

11 BIRTHPLACE OF FATHER (City or town) Jeffersonville

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Anita McChesney

13 BIRTHPLACE OF MOTHER (city or town) Orange

(State or country) New Jersey

14 Informant Records —

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30th 1928 19

17 I HEREBY CERTIFY, That I attended deceased from October, 19 28, to October 30th, 19 28, that I last saw h[illegible] alive on October 30th, 19 28, and that death occurred, on the date stated above, at 10.00 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia primary

(doration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Outside Central Ave Orlando Fla

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) J. C. Corbin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orlando Fla — Date of Burial Oct 30 1928

20 UNDERTAKER John O Mulcahy Son Funeral Dirs

ADDRESS Orlando Fla

...c.—2-29-28—L. F. S.—500 Bks.

219200 E38733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 118-002 E38733

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST. 8-13 WARD)

2—FULL NAME Samuel Harrison

(a) RESIDENCE NO. 1509 E Biddle ST., St WARD City
(Usual place of abode)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) unk

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Dead

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant [illegible]

(Address)

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-28

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1928, to Oct 30, 1928, that I last saw h... alive on Oct 30, 1928 and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 25, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) Clarence E. Gardner Jr. M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew, Ferncliff Cem	10-30-19 28
20 UNDERTAKER	ADDRESS
Jack Levin	1739 E Balto

Spec.–7-17-26—A Co.—200 Bks.

E38734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38734

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Neale

(a) RESIDENCE NO. 1502 Caton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Jerett Neale

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann C Warner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Jenkins Memorial Hospital (Address) 1000 Caton Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to October 29, 1928, that I last saw h[illegible] alive on Oct 29, 1928, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Last attack

(duration) yrs. mos. 10 Hrs

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John [illegible] M. D.

, 19 (Address) 80 [illegible] Caton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial 31 1928

20 UNDERTAKER Kenny & Frankowski Co ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E38735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E38735

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2630 Harlem ave. St. 16-68 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Leslie Wright

(a) RESIDENCE No. 2630 Harlem ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Wright

6 DATE OF BIRTH (month, day, and year) Aug 9 1894

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
34	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas M Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Deems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marie Wright

(Address) 2630 Harlem ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 17 . 1928. to Oct 28. 1928.

that I last saw him alive on Oct 27 . 1928.

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) X yrs X mos 11 ds.

CONTRIBUTORY X
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Rusty sputum

(Signed) H Kenneth Kellems M. D.

. 19 (Address) 401 Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 10/30 1928

20 UNDERTAKER George A Fahy Funeral Service

ADDRESS

C. HAMPSON JONES, M. D.
1928

E38736

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38736

1-PLACE OF DEATH 2317 N Calvert St — REGISTERED No. C 47

CITY OF BALTIMORE: (No. Elizabeth Krantz St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. ~~Same~~ 2317 N Calvert St. 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 22 (Day) 1856 (Year)

7-AGE: 72 yrs. 2 mos. 7 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: ~~Housewife~~ None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo N Krantz

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Wilhelmina Walmeyer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George L Krantz

(Address) 313 N Bechum

15-

Filed ..... 191 .....

C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 29 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to, Oct 29, 1928, that I saw h~~e~~ alive on Oct 28, 1928, and that death occurred, on the date stated above, at 10.55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (left)

(Duration) Unknown yrs mos ds.

Contributory (SECONDARY): none

(Duration) yrs mos ds.

(Signed) Jefferies Buck M D

Oct 30, 1928 [Address] 100 S. Chester St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 31, 1928

20-UNDERTAKER: George L Smith — ADDRESS: 153 Hollins

...c.—2-29-28—L. F. S.—500 Bks.

E38737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E38737

1—PLACE OF DEATH 1111 Royal Terrace & Whitelock st

REGISTERED NO. 1359

CITY OF BALTIMORE: (No. Leviston Court Apts. A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Solomon L. Hayman

(a) RESIDENCE NO. Leviston Court Apts. A WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Leopold Hayman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Bettie Kronheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mrs. Spear.

(Address)

Filed ..... 19 28 Registrar

HARRISON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/30/28.

17

I HEREBY CERTIFY, That I attended deceased from April 20 1923. to Oct 30th 1928.

that I last saw him alive on Oct 30th. 1928

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Eugene Heppel M. D.

19 (Address) 200 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cheb Shalom Cem.	10/31/1928
20 UNDERTAKER	ADDRESS
David Sandheim	115 20 W. Mt. Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

E38738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38738

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklyn-Square Hospital Ward)

REGISTERED NO. 12-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary A. Foote

(a) RESIDENCE NO. 742 E Fort Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Foote

6 DATE OF BIRTH (month, day, and year) June 16th, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 27

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Chas. Rebstock

11 BIRTHPLACE OF FATHER (city or town) City

(State or country)

12 MAIDEN NAME OF MOTHER Shuckells

13 BIRTHPLACE OF MOTHER (city or town) City

(State or country)

14 Informant Geo. Foote

(Address) 742 E Fort Ave

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Brooke M. D.

(Coroner)

10/29 1928 (Address) Franklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial 11/1 1928

20 UNDERTAKER C. D. Fanning & Son ADDRESS 1938 Lafayette Ave

HARRISON-JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38739

101-001

E38739

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2421 S. Paca St. Mt Winans 25-32 Ward)

2-FULL NAME John A Brooks

(a) RESIDENCE NO. 2421 S. Paca St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida Brooks

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) a a Co Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Orgle

13 BIRTHPLACE OF MOTHER (city or town) a a Co

(State or country) Md

14 Informant Ida Brooks

(Address) 2421 S Paca St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(No Doctor)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Brooke M. D.

(Coroner)

(Address) Brooklyn Md

10/28 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial 10-31-1928

20 UNDERTAKER Daniel Foster ADDRESS 69 ad

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38740

E38740

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 1410 E. Fayette ST., 5-9 (WARD)

2—FULL NAME Esther Mandelberg

(a) RESIDENCE NO. 1410 E. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., If foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of / WIFE of Shabsa Mandelberg

DATE OF BIRTH (month, day, and year) — 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Shabsa Mandelberg Husband

(Address) 1410 E. Fayette

Filed OCT 31 1928, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30-1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1927, to October 30 1928, that I last saw her alive on October 30, 1928 and that death occurred, on the date stated above, at 2 50 P m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma of Lungs, and Trachea

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of the Oesophagus (duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) J. M. Miller, M. D.

10/30 1928 (Address) 1613 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 10/31 1928

20 UNDERTAKER Jack Levis 1439 E.

ADDRESS Balto

...c.—2-29-28—L. F. S.—500 Bks.

1928 E38741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E38741

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ... ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Engler

(a) RESIDENCE NO. 224 Eambridge ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Engler

DATE OF BIRTH (month, day, and year) 8/14/92

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	2	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Chas Engler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant ... Hospital Records
(Address)

Filed ..., 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-29-28

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 29, 1928, that I last saw him alive on Oct 29, 1928 and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis, uraemia

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. H. Briggs, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Nov. 2nd 19 28
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc	403 S. Wolfe St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38742

CERTIFICATE OF DEATH.

90 E38742

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2011 E Chase St. 2-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles E. Pugh

(a) Residence No. 2011 E. Chase St., Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~ ~~Married~~ Widowed or ~~Divorced~~. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 13, 1860

7-AGE. 67 yrs. 11 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Iron molder 047

(b) General nature of industry, business, or establishment in which employed (or employer) Mc Shane Co

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Thomas Pugh

11-BIRTHPLACE OF FATHER (city or Town). (State or Country). South Carolina

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or Town). (State or Country), South Carolina

14- (Informant) Emma L. Pugh

(Address) 2011 E. Chase St

15- Filed 192 Registrar.

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 29, 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Oct 29, 1928, that I last saw h alive on Oct 29, 1928, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Kirk M. D.

Oct 30 1928 (Address) 4364 Wyman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem DATE OF BURIAL. Oct 31, 1928

20-UNDERTAKER. Wm Cook ADDRESS 502 E Monument

Spec.–7-17-26—A Co.—200 Bks.

E38743

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 E38743

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 27-48

City of BALTIMORE: (No. 5220 York Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret M. Fisher

(a) RESIDENCE NO. 5220 York Road St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert H. Fisher

6 DATE OF BIRTH (month, day, and year): June 19th. 1889

7 AGE: Years 39 Months 4 Days 10 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James M. Tighe

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate Campbell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md.

14 Informant Robert H. Fisher

(Address) 5220 York Road.

15 Filed ..... 19.... Registrar

OCT 31 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 29th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from May, 1922, to Oct 29, 1928.

that I last saw h[illegible] alive on Oct 29, 1928.

and that death occurred, on the date stated above, at 1030 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Asthma

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 1810 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cem. Govans.

Date of Burial: 11/1 28

20 UNDERTAKER: Chas F. Crane & Son

ADDRESS 1184 W. Mt Royal Ave

Spec.—1-12-23—M&T—500 Bks.

E38744 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E38744

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6208 Sycamore Road, ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Rice Singley

(a) RESIDENCE NO. 6208 Sycamore Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 50 yrs. 0 mos. 3 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick J. Singley

6 DATE OF BIRTH (month, day, and year): October, 26, 1878

7 AGE: Years 50 | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Northumberland Co., Virginia

PARENTS

10 NAME OF FATHER: Samuel A. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Northumberland Co., Virginia

12 MAIDEN NAME OF MOTHER: Margaret Luttrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northumberland Co., Virginia

14 Informant: Mr. Frederick J. Singley (husband)

(Address) 6208 Sycamore Road

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1917, to Oct 29, 1928, that I last saw h— alive on Oct 29, 1928 and that death occurred, on the date stated above, at 4.05 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chr. Myocarditis, Chr. Int. Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Burke, M. D.

Oct 30 1928 (Address) 001 Sheridan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: October, 31, 1928

20 UNDERTAKER

ADDRESS NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E38745

E38745
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 721 Kirk's Court St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Turner

(a) RESIDENCE NO. 721 Kirk's Court St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Contee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Harry Turner (bro)

(Address) 224 Dolphin St

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Obstruction of Oesophagus- probably luetic.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Pattison M. D.

(Coroner)

10-30-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Date of Burial 31 1928

20 UNDERTAKER Mrs R. A Elliott ADDRESS 1725 ashland Ave

ec.—1-12-23—M&T—500 Bks.

564

38746

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 / F38746

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1707 E. Biddle ST. 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore D'antoni

(a) RESIDENCE NO. 1707 E. Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Angelina D'antoni

DATE OF BIRTH (month, day, and year) Aug 10 - 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	2	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) O.M.S.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Nicola' D'antoni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Agata Panico

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Francesco D'antoni

(Address) 1201 N. Gay St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Oct 29, 1928, that I last saw h[illegible] alive on Oct 28, 1928, and that death occurred, on the date stated above, at 3 30 a m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Extranstion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano, M. D.

Oct 31, 1928 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents Cemetery

DATE OF BURIAL 11/1 1928

20 UNDERTAKER George J Ruth

ADDRESS 1735 Hanford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38747
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

X 89 ✓ E38747

REGISTERED NO.

City of BALTIMORE: (No.) En Route to University Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Dunkerly

(a) RESIDENCE NO. West Friendship Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Dunkerly

6 DATE OF BIRTH (month, day, and year) July 16, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) Grafton

(State or country) West Virginia

PARENTS

10 NAME OF FATHER George Dunkerly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Minerva Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Meredith Dunkerly

(Address) West Friendship, Md.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) October 29, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

10/30 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Nov. 1 1928

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 West Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E38748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38748

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 1637 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., (WARD)

2-FULL NAME Alex Strumsky

(a) RESIDENCE No. 3727 E. Ave ST., WARD

(Usual place of abode) Canton

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): wed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year)

7 AGE: 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

013

PARENTS

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Antonia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed OCT 31 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-15 1928 to 10-29 1928

that I last saw him alive on 10-29 1928

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

Myocarditis acute

Myocardial insufficiency

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [redacted], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 1 1928

20 UNDERTAKER: Jos. J. Kerr — ADDRESS: 156 N. Luzerne

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38749 38 E38749

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

ITY OF BALTIMORE, (No. [redacted] ST., 19-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Pitt

(a) RESIDENCE NO. 303 N. Calhoun ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) unknown 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Richard Pitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) BALTIMORE CITY HOSPITALS

Filed, 19 RPW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30-28

17 I HEREBY CERTIFY, That I attended deceased from 9-21, 1928, to 10-30, 1928, that I last saw her alive on 10-30, 1928 and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Syphilis of Aorta with aortic Insufficiency (duration) unknown yrs. mos. ds.

(duration) 2 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) W. H. Welch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 1, 1928
20 UNDERTAKER	ADDRESS 322 N. Schroeder St
Mrs. Katie R. Williams	

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38750

CERTIFICATE OF DEATH.

74 E38750

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1032 Leadenhall ST. 73-24 WARD

2-FULL NAME Rachel A. Cornish

(a) RESIDENCE NO. 1032 Leadenhall ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Cornish

6 DATE OF BIRTH (month, day, and year): Mar. 6, 1868

7 AGE: Years 60; Months 7; Days 23; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Owen Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Marie Gwynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Snowhill, Md.

14 Informant: Joseph Cornish (Address) 1032 Leadenhall St.

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1928, to Oct 29, 1928, that I last saw h[illegible] alive on Oct 29, 1928, and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. J. Hoteler, M. D.

10 Oct. 1928 (Address) 1118 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov 1, 1928

20 UNDERTAKER: Mrs. Katie R. Williams & N. Schreeder Sr. — ADDRESS 322

Dec.—1-12-23—M&T—500 Blks.

E38751 HEALTH DEPARTMENT—CITY OF BALTIMORE E38751

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 W. Fayette ST., 4-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reuben L. Starr

(a) RESIDENCE NO. 750 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. (mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Starr

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Finding Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catlettsville Ind.

PARENTS

10 NAME OF FATHER Lawson Starr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Sarah E. Hilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Minnie Starr

(Address) 750 W. Fayette St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Oct 30, 1928.

that I last saw h in alive on Oct 30, 1928,

and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Glassman, M. D.

Oct 30, 1928 (Address) 26 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL Nov. 1 1928.

20 UNDERTAKER Mrs Mrs John M Engledow — ADDRESS 801 W Fayette

ec.—1-12-23—M&T—500 Bks.

E38752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38752

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Balto. General Hospital ST. | - | WARD)

2-FULL NAME Edith M. Windsor

(a) RESIDENCE NO. 736 S. Potomac ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Albert J. Windsor

DATE OF BIRTH (month, day, and year) November 16, 1865

AGE	Years	Months	Days	11 LESS than 1 day, hrs. or min.
	62	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Shane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amanda Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Albert J. Windsor (Husband)

(Address) 736 S. Potomac St

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 2, 1928, to October 31, 1928, that I last saw h[illegible] alive on October 30, 1928 and that death occurred, on the date stated above, at 12:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Carcinomatosis and Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Scheuber M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Nov. 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38753 ✓ E38753

E38753

CERTIFICATE OF DEATH

129

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 2424 E. Baltimore ST., 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Eibert

(a) RESIDENCE NO. 2424 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widowed

If married, widnwed, nr divorced
HUSBAND of (or) WIFE of Charlotte Eibert

DATE OF BIRTH (month, day, and year) December 25, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Simon Eibert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mr. William Eberle (Nephew)

(Address) 2424 E. Baltimore St.

Filed ..... 19 ..... Registrar

C. HUTCHINSON JONES, M.D.

1928 M.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925, to October 31, 1928, that I last saw h im alive on Oct 30th, 1928, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis. (Acute)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duratinn) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Theo. S. Kirk M. D.

10/31, 1928 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Nov. 2 1928

20 UNDERTAKER Henry Sander & Sons, Inc,

ADDRESS BALTIMORE ST. & BROADWAY

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38754

CERTIFICATE OF DEATH

1/4-00 E38754

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. Provident Hosp ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Brown

(a) RESIDENCE NO. 1322 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: 7 | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): divorced.

If married, widowed, or divorced: HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, and year) ? 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER Harrison Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Eliza Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mary DeBoard

(Address) 1616 McCulloh St

Filed ..., 19 ... Registrar: Mrs

1928 C. HAMPSON JONES, M.D.

89

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Oct 29, 1928

that I last saw h alive on Oct 29, 1928

and that death occurred, on the date stated above, at 7.P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no, Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B Brown M. D.

, 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chester, Md.	11/1 1928
20 UNDERTAKER	ADDRESS
Geo. H. Holland	1631 Druid Hill Ave

Spec'y—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38755 90 E38755

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 East 25th ST. 17-50 WARD)

2-FULL NAME James Louis Aubrey

(a) RESIDENCE No. 318 E. 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Estelle Aubrey

6 DATE OF BIRTH (month, day, and year) Nov 2 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale

(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew J. Aubrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Hull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.C.

14 Informant Mrs J Louis Aubrey (Address)

15 Filed 10/31, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1928, to Oct 31, 1928, that I last saw h[illegible] alive on Oct 30, 1928, and that death occurred, on the date stated above, at 1:15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Jefferies Busk, M. D.

10/31, 1928 (Address) 1005 Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem — DATE OF BURIAL Nov 2 1928

20 UNDERTAKER H. Allen Geiler — ADDRESS 370 Cathedral St.

Dr. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38756 51 E38756

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3709 Elmer Ave ST. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George B Nelson

(a) RESIDENCE NO. 3709 Elmer Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 30 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bank keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Mail Co

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: George Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Caroline Erikson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

Informant: Arthur H Nelson

(Address) 2815 Louise Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 30, 1928

that I last saw him alive on Oct 30, 1928

and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Rheumatism, acute

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 4 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Howard Jones, M. D.

10/31 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	11-2 1928
20 UNDERTAKER	ADDRESS
J M Cook	30 E Monument

NOV 1 1928 HOWARD JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

Buie

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38757 — 1-PLACE OF DEATH

11 E38757 — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Nathaniel Buie

(a) RESIDENCE NO. 1906 Oak Crest Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 24 1913

7 AGE — Years: 15 — Months: 3 — Days: 7 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Edward Buie

11 BIRTHPLACE OF FATHER (City or town) (State or country): York Pa

12 MAIDEN NAME OF MOTHER: Mary E Stonesifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Pa

14 Informant: Edward Buie (Address) 1906 Oak Crest Ave

15 Filed NOV 1 - 1928 19 Ritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/31/28

17 I HEREBY CERTIFY, That I attended deceased from 10/24/28, 19 ..., to 10/31/28, 19 ..., that I last saw h~~i~~ alive on 10/31/28, 19 ..., and that death occurred, on the date stated above, at 8 04 AM m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) ... yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Peritonitis

(duration) ... yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 10/26/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. S. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon — Date of Burial 11 3 19 28

20 UNDERTAKER: H. M. Cook — ADDRESS 500 Mott St

Spec.—6-9-19—H. P. Co.—1000 Blks.

E38758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38758

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5220 Florence Ave. ST. 71-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael A. Renehan

(a) RESIDENCE. No. 5220 Florence Ave. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Susan Renehan

6 DATE OF BIRTH (month, day, and year) March 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(61 yrs)	61	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Renehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Agnes Renehan (Address) 1560 N. Fulton Ave.

15 Filed Oct. 31, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1928, to Oct. 29, 1928, that I last saw him alive on Oct. 29, 1928, and that death occurred, on the date stated above, at 12 M. A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Exam.

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave. Oct. 31, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Oct 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E Monument

Dec.—1-12-23—M&T—500 Blks.

Keil

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38759

CERTIFICATE OF DEATH.

E38759

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 6-37 51 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Katie Keil

(a) RESIDENCE NO. 3918 Hudson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred all my life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Wid

6 If married, widowed, or divorced HUSBAND of or) WIFE of not given

7 DATE OF BIRTH (month, day, and year) ? ? ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Christian Luther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-28 . 1928 . to 10-29 . 1928 . that I last saw h alive on 10-29 . 1928 . and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Gangrene of foot (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 10-15-28

Was there an autopsy? no

What test confirmed diagnosis Phys & Lab

(Signed) R. H. Finch, M. D.

. 19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehnan

DATE OF BURIAL 11-2-1928

20 UNDERTAKER J. M. Cook

ADDRESS 501 E. Madison

Cor.—12-9-25—A Co.—200 Bks.

E38760

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-4-062 E38760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace and Bagwell

(a) RESIDENCE NO. 1140 N. Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unk Unk

7 AGE: Years: Cousin stated 31 yrs Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Servant (home) 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): A. G. Co Md

(State or country)

PARENTS

10 NAME OF FATHER: Jno. Parker

11 BIRTHPLACE OF FATHER (city or town): A. G. Co.

(State or country)

12 MAIDEN NAME OF MOTHER: B. Green

13 BIRTHPLACE OF MOTHER (city or town): A. G. Co.

(State or country)

14 Informant: Maria Green

(Address) 1140 Stockton

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

1 day (duration)

CONTRIBUTORY (Secondary) Carcinoma Uteri Hemiplegia

(duration) yrs. mos. ds.

(Signed) H. J. Reif M. D.

Oct 29, 28 (Coroner)

, 19 (Address) 1639 Ruxton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Nov 2 1928

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilm

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38761 E38761

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1242 James ST. 21-24 (WARD)

2-FULL NAME Henry F. Poke

(a) RESIDENCE NO. 1242 James ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Poke

DATE OF BIRTH (month, day, and year) Jan 21 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

4 Informant Mrs Sophia Wagner

(Address) 1242 James St

5 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24 1928 to Oct. 30, 1928, that I last saw him alive on Oct. 30, 1928 and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH* was as follows:

Hemiplegia, Rt.

(duration) yrs. mos 6 ds

CONTRIBUTORY (Secondary) Chr. nephritis & hypertension

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Lab.

(Signed) John L. Schmidlapp

19 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Nov. 1st. 28

20 UNDERTAKER F. A. Krause & Son ADDRESS 703 Hanover St

c.—2-29-28—L. F. S.—500 Bks.

E38762

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E38762

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3132 Cedar Ave. ST., 13-ST WARD)

2—FULL NAME Esther C. Tracy

(a) RESIDENCE NO. 3132 Cedar Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clifford E. Tracy

DATE OF BIRTH (month, day, and year) May 22 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carr Co. Md.

10 NAME OF FATHER E Frank Shaffer

11 BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ida V. Naylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md.

Informant E Frank Shaffer

(Address) Hampstead Md.

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Oct 30, 1928, that I last saw her alive on Oct 27, 1928 and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Evid. Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J H Sherman, M. D.

, 19 (Address) Manchester Md.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Nov 2 1928

20 UNDERTAKER Thomas & Son Chestnut

ADDRESS 3611

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38763

CERTIFICATE OF DEATH.

74 00 E38763

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 Ellamont St. 16-67 (Ward)

2-FULL NAME Ida Florence Parr

(a) RESIDENCE No. 1519 Ellamont St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of James B. Parr

DATE OF BIRTH (month, day, and year) December 2nd 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	65	10	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER William L Tow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Augusta Weeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant William L Cooper

(Address) 1519 Ellamont St

15 Filed ..... 19 .....

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23rd, 1928, to Oct. 30th, 1928, that I last saw her alive on Oct. 30th, 1928, and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

~~Softening~~ Softening of the brain.

(duration) 1 yrs. X mos. X ds.

CONTRIBUTORY (Secondary) Probable cerebral hem. Overhage (duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? No special test.

(Signed) O. L. Hoffman M. D.

10/31/1928 (Address) 2300 Garrison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N.Y.

DATE OF BURIAL Nov 2 1928

20 UNDERTAKER George J. Schilling & Sons

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38764

CERTIFICATE OF DEATH.

90 E38764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp ST. 25-75 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Johnson

(a) RESIDENCE No. 2, 4½ S.t. Pratt WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah C Johnson

6 DATE OF BIRTH (month, day, and year): June 27/853

7 AGE: Years 75 Months 4 Days 5

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer): Confectionery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Sarah Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: J. Oliver Johnson

(Address) 541 Pontiac ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Oct 29, 1928,

that I last saw h— alive on Oct 29, 1928,

and that death occurred, on the date stated above, at 1¹⁵ a.m.

The CAUSE OF DEATH* was as follows:

Dyspnea from Pneumonic Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis - arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of Oct 29/28

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) William H Cohen M. D.

, 19 (Address) 40 Bank Sq Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet DATE OF BURIAL: NOV 1 1928

20 UNDERTAKER: John F Denny ADDRESS: 715 Light St

To August 6th 1928 re Register of Estates

c. 2-29-28—L. F. S.—500 Bks.

E38765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001

E38765

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 3731 Hanover (ST.) 25-25 (WARD)

2—FULL NAME Mary Catherine Orem

(a) RESIDENCE NO. 3731 Hanover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter V. Orem

ATE OF BIRTH (month, day, and year) Nov. 8, 1878

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER J. Walter Creager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary C. Elzey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sharptown, Md.

Informant Walter V. Orem

(Address) 3731 Hanover St.

Filed ..... 19 ..... C. Hunter Jones, M. D.
NOV 1 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Oct 29, 1928

that I last saw h alive on Oct 29, 1928

and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac hemorrhage

(duration) yrs. mos. 6 days

CONTRIBUTORY (Secondary) Myocardial fibrosis

(duration) yrs. mos. 14 Mo.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Edward Denny M. D.

Oct. 1928 (Address) 6 Hendrickson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Nov 2 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38766

1-PLACE OF DEATH

CERTIFICATE OF DEATH

89 E38766

REGISTERED NO.

City of BALTIMORE: (No. 1708 Warwick Av St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August John Schrodetzki

(a) RESIDENCE NO. 1708 Warwick Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha A Schrodetzki

6 DATE OF BIRTH (month, day, and year): Sept. 7th 1856

7 AGE: Years 72 Months 1 Days 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist Toolmaker

(b) General nature of industry, business, or establishment in which employed (or employer): Patent Iron & Steel Tool Works

(c) Name of employer: Otto Eby

9 BIRTHPLACE (city or town) (State or country): Ger.

PARENTS

10 NAME OF FATHER: Aug. J. Schrodetzki

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Johanna Sindler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Mrs Aug. Schrodetzki (Address) 1708 Warwick Av

15 Filed NOV 1 1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Oct. 31/28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27 1928, to Oct. 31st 1928, that I last saw h[illegible] alive on Oct. 31st 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage due to Arterio-sclerosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

(duration) Not known yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Eckhardt, M. D.

10/31/28 (Address) 1106 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 19

20 UNDERTAKER: Leo N Little — ADDRESS

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38767

CERTIFICATE OF DEATH

16 ✓

E38767

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ST. 10-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roles Herbert

(a) RESIDENCE NO. 818 N. Caroline ST., City WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 26-1928

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Herbert Roles.

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Violetta —

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 29 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 19 28, to Oct 9, 19 28, that I last saw him alive on Oct 6, 19 28 and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Haemorrhagic disease of newborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Edward A. Kirkpatrick M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. HANSON JONES, M. D. Commissioner of Health

NOV 1 - 1928

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38768 — CERTIFICATE OF DEATH — 161-001 E38768

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No. ... ST. 16 21 WARD)

2—FULL NAME Baby Nottingham

(a) RESIDENCE NO. 300 - S - 13th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

...ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...ale	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

...ATE OF BIRTH (month, day, and year) 10-28-28

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Albert Nottingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Hazys Mingo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

Informant Records

(Address)

Filed ... 19 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Oct 29, 1928, that I last saw h...alive on Oct 29, 1928 and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER Commissioner Health.	ADDRESS

c.—2-29-28—L. F. S.—500 Bks.

g 321
E38769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E38769

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST., 26-1 WARD)

2—FULL NAME Baby Goldman

(a) RESIDENCE NO. 2219 E. Balto ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1/2	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

IRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER Joseph Goldman

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Anna Azzi

13 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

Informant JOHNS HOPKINS HOSPITAL

(Address) Records —

Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Oct 30, 1928,

that I last saw her alive on Oct 30 1928

and that death occurred, on the date stated above, at 12 8' P. m.

The CAUSE OF DEATH* was as follows:

prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health
NOV 1 - 1928

Cor.—12-9-25—A Co.—200 Bks.

E38770 HEALTH DEPARTMENT—CITY OF BALTIMORE E38770

CERTIFICATE OF DEATH.

REGISTERED NO. 188-103

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 14-20 Ward)

2-FULL NAME Wilmer Lee Paige

(a) RESIDENCE NO. 1737 Druid Hill Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5-1921

7 AGE Years 7 Months 4 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School 2nd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Andrew Page

11 BIRTHPLACE OF FATHER (city or town) Virginia

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Edna Powell

(Address) 1737 Druid Hill

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF ~~DEATH~~

16 DATE OF DEATH (Month, day and year) Oct 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(Duration) yrs. mos. 3 hours

CONTRIBUTORY (Secondary) Automobile

(Duration) yrs. mos. ds.

Oct 28 Signed F. C. Link M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where did disease contracted if not at place of death? Robert & Division Sts

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.W. Auburn Date of Burial 11/1 1928

20 UNDERTAKER Mrs Geo. A. Hedlan ADDRESS 1631 Druid Hill Ave

Dec.—1-12-23—M&T—500 Bks.

E38771 HEALTH DEPARTMENT—CITY OF BALTIMORE E38771

88

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST. 5-8 WARD)

2-FULL NAME Walter Rosebud

(a) RESIDENCE NO. 1263 E Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Wid

6a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed Nov 1 1928 19 H. A. C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-22 1928 to 10-30 1928

that I last saw him alive on 10-30 1928

and that death occurred, on the date stated above, at 6:25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Mural thrombus in left auricle with emboli and infarcts in spleen, kidney & Brain (duration) intercurrent yrs. mos. ds.

CONTRIBUTORY (Secondary) Left Hemiplegia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Lin Locke, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL Nov. 3 1928

20 UNDERTAKER Mrs J. G. Locks ADDRESS 1332 Pl

Spec.—1-10-21—M&T—1500 Blks.

E38772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 -001 E38772

1-PLACE OF DEATH Md General Hosp. REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Howard & Madison ST. 10-1+ WARD)

2-FULL NAME Mrs Mary Hayes

(a) RESIDENCE NO. 1003 E. Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles J Hayes

6 DATE OF BIRTH (month, day, and year): May 10, 1860

7 AGE: Years 68 | Months 5 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa.

12 MAIDEN NAME OF MOTHER: Mary Foran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Informant: Charles J Hayes. (Address) 1003 E Biddle st

15 Filed ..... 19 ..... Registrar

C. HANSON JONES, M. D.

NOV 1 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Oct 30, 1928, that I last saw him alive on Oct 30, 1928, and that death occurred, on the date stated above, at 11.50 A. m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 12, 1928

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. K. Kerfoot Jr M. D.

10/30, 1928 (Address) Md Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy — DATE OF BURIAL: Nov. 2 1928

20 UNDERTAKER: George J Fuith — ADDRESS: 1735 Harford Av

ec.—2-29-28—L. F. S.—500 Bks.

E38773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38773

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 102

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1902 Walbrook Ave ST. 15-21 WARD)

2—FULL NAME. Sueava 'Dimarco' De Guare

(a) RESIDENCE NO. 1902 Walbrook Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward.

DATE OF BIRTH (month, day, and year): Feb 15 1578

AGE: Years 80 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: John H Hossfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt.

12 MAIDEN NAME OF MOTHER: Amanda Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Mrs Sally Fratler

(Address): 102 Walbrook Ave

Filed ..., 19 ...

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1928, to Oct 30th, 1928, that I last saw her alive on Oct 30th, 1928, and that death occurred, on the date stated above, at 1-2 P. m.

The CAUSE OF DEATH* was as follows:

~~Chronic~~ Acute Myocarditis
Dilatation

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) H. E. Grau, M. D.

(Address) 3807 Granada Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Nov. 2 1928

20 UNDERTAKER: Wm Cole — ADDRESS: 501 E. Lanvale

Spec.—1-10-21—M&T—1500 Blks.

E38774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38774

CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp. (ST.) 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number

2-FULL NAME Baby Burrows
Infant Eva Thurman Burrows

(a) RESIDENCE NO. 624 E. 29th (ST.) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-31-1928

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Born To Me

PARENTS

10 NAME OF FATHER: Thurman Burrows

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eva Burrows

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Thurman Burrows
(Address) 624 E-29th Street

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/31 . 1928 . to 10/31 . 1928 .

that I last saw her alive on 10/31/28 . 19 .

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity. (7 months)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Cardegna M. D.

. 1928 (Address) 5E Mpd Hsp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Govans

DATE OF BURIAL: 11/1 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 5th E Nwd

c.—1-12-23—M&T—500 Bks.

E38775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38775

CERTIFICATE OF DEATH

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp (St.) 1-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Dobson

(a) RESIDENCE NO. 617 Dolfield ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 22 28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Edward Dobson

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

Informant .....

(Address) .....

Filed ....., 19 .....

2923 Oct 28 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 28, 1928

that I last saw h alive on Oct 28, 1928

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 mos. baby)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Paul Wolfe M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND.

DATE OF BURIAL

19

20 UNDERTAKER

C. HAMPSON JONES, M. D.

Commissioner of Health

ADDRESS

NOV 1 -

1928 Per .....

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38776 E38776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 Linden Av ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Lucile Farber

(a) RESIDENCE NO. 1310 Linden Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? 84 yrs. 9 mos. 12 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marlin L. Farber

6 DATE OF BIRTH (month, day, and year) Jan. 19 1844

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Fred. L. Stalfort

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Anne Clare

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Germany

14 Informant Mr Henry L. Farber Jr. (son)

(Address) 1308 Linden Av

15 Filed , 19

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-1-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Nov. 1, 1928, that I last saw her alive on Nov. 1, 1928, and that death occurred, on the date stated above, at 10.15 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hist of Cerebral Hem.

(Signed) Walter C Bacon, M. D.

11/1/1928 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Nov 3/1928

20 UNDERTAKER Stewart & Company — ADDRESS Balto

(Hester M. Vansant)

Spec.—1-10-21—M&T—1500 Bks.

E38777 HEALTH DEPARTMENT—CITY OF BALTIMORE E38777

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., (WARD) 27-43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester M. or Sent (Vansant)

(a) RESIDENCE NO. 5631 Harford Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas M. Vansant

6 DATE OF BIRTH (month, day, and year): Dec. 10 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

10 NAME OF FATHER: Charles A. Wesh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Anna E. Hyland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Mrs Edna A. Long

(Address) 5631 Harford Road

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-31-28 19

17

I HEREBY CERTIFY, That I attended deceased from 10-28-28, 19 , to 10-31-28, 19 ,

that I last saw her alive on 10-31-28, 19 ,

and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
due to post operative
adhesions

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Hysterectomy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-30-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. L. Zimmerman M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery DATE OF BURIAL: Nov. 2 28

20 UNDERTAKER: Frank Lessnau Sons ADDRESS: Fullerton

1936 C. HAMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38778

CERTIFICATE OF DEATH.

1-001

E38778
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2115 Llewyn St 8-16 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Boone Jr.

(a) RESIDENCE NO. 2115 Llewyn St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 9 1920

7 AGE — Years: 8 | Months: 8 | Days: 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Prince George County

PARENTS

10 NAME OF FATHER Nathaniel Boone Sr

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Alice Cook

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland County

14 Informant: Alice Boone
(Address) 2115 Llewyn St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/31 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1928, to Oct 31, 1928, that I last saw him alive on Oct 30, 1928, and that death occurred, on the date stated above, at 3:40 a.m.

The CAUSE OF DEATH* was as follows: Intestinal Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Typhoid fever

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Thompkins, M. D.

(Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial 11/2/28

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS 1113 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38779 128 E38779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at Balt City Hospital

City of BALTIMORE: (No. Balt City Hospital St. 15 Ward 6)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles R Thompson

(a) RESIDENCE NO. 825 Pearce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male, 4 Color or Race Colored 5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Thompson

6 DATE OF BIRTH (month, day, and year) aug 14 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	35	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Driver

(c) Name of employer

9 BIRTHPLACE (city or town) Balt City

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Pearl Thompson

(Address) 825 Pearce St

15 Filed ..... 19 ..... Registrar

NOV 2 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Meningitis Exposure & alcoholism ?

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenlon M. D. (Coroner)

Nov 1 1928 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Nov. 2, 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38780

100-001

E38780

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

ITY OF BALTIMORE: (No. [redacted] ST. 4-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Thase

(a) RESIDENCE NO. 426 E. Pratt ST. WARD

(Usual place of abode)

ngth of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: ale

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Not given

ATE OF BIRTH (month, day, and year): 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67				

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

062

BIRTHPLACE (city or town) (State or country): Mich

10 NAME OF FATHER: Henry

11 BIRTHPLACE OF FATHER (City or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (City or town) (State or country): England

Informant: Records of

(Address) BALTIMORE CITY HOSPITALS

Filed [illegible] 19 [illegible] Registrar

[illegible] M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-31-28

17

I HEREBY CERTIFY, That I attended deceased from 11-25 19[illegible], to 10-31 19 28.

that I last saw him alive on 10-31 19 28

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis; old Hemiplegia Left (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & X-Ray

(Signed) H. W. Wilkes M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	11-2 1928
20 UNDERTAKER: Daniel Easton	ADDRESS 916 Druid Ave

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38781

CERTIFICATE OF DEATH

143-002 E38781

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) Provident Hospital ST. 7-26 (WARD)

2—FULL NAME Minnie Gillespie

(a) RESIDENCE NO. 828 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of James Gillespie

DATE OF BIRTH (month, day, and year) Unknown.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Laurinburg, N. C.

10 NAME OF FATHER: John Livingstone

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant: James Gillespie

(Address): 828 George St

Filed 19 28 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 28 28

17 I HEREBY CERTIFY, That I attended deceased from 10-28, 19 28, to 10 28, 19 28,

that I last saw her alive on 10 28, 19 28

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Eclapse Relation, Pneumonia, Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Bernard Harris, M. D.

10/30 1928 (Address) 38 S Caroline

(Heart and Lung Trouble for Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Nov 2, 1928

20 UNDERTAKER: Mr. Peter R. Williams

ADDRESS 322 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38782

CERTIFICATE OF DEATH.

F38782

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 E Lombard St. 3-5 WARD)

REGISTERED NO. C.....

2-FULL NAME Baby boy Rosenberg

(Residence in Baltimore: No. 1021 E Lombard St.; .....yrs., ...mos., ...ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Twins

6-DATE OF BIRTH. Nov. (Month) 1 (Day), 1928 (Year)

7-AGE. .....yrs. .....mos. .....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Child)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Rosenberg

11-BIRTHPLACE OF FATHER (State or Country). Brooklyn N.Y.

12-MAIDEN NAME OF MOTHER Rose Braverman

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Rosenberg

(Address) 1021 E. Lombard St.

15- Filed 2-1928, 191.....

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 1 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1928, to Nov 1 1928, that I saw h[illegible] alive on Nov 1 1928, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

.....Premature birth.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D.

Nov. 1, 1928. (Address) 15[illegible] Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rodedek Cemetery

DATE OF BURIAL. Nov. 4, 1928

20-UNDERTAKER S. Kerenson Bro.

ADDRESS 112 E Baltimore St.

...—2-29-28—L. F. S.—500 Bkg.

E38783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E38783

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1701. N. Pulaski St ST., 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lazor Silver

(a) RESIDENCE NO. 1701 . N. Pulaski. St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Silver

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unkown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Mrs Sarah . Cooper

(Address) 1701. N. Pulaski St

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/28

17 I HEREBY CERTIFY, That I attended deceased from 4/27, 19 .., to 11/1, 19 28, that I last saw h.. alive on 11/1, 19 28 and that death occurred, on the date stated above, at 8 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I I Zinberg, M. D.

11/2, 19 28 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Road

DATE OF BURIAL 11/2/28 19

20 UNDERTAKER Jack Lewis. 1439. E, Balto St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38784
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E38784

REGISTERED NO.

City of BALTIMORE: (No. Sinia Hospital St. 3-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gershon Sachs

(a) RESIDENCE NO. 1105 E. Lombard Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Sachs

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE — Years: 78 — Months: — Days: — IF LESS than 1 day ....hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Max Sachs

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unkown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Sam Shanks

(Address): 2625 Lyolia Heights Ave

15 Filed ....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ....yrs. ....mos. ....ds.

(Signed) John Gill M. D.

(Coroner)

Nov 2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cem — Date of Burial: 11/2/28 19

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38785

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E38785

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 15-61 Ward)

If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Gaughran

(a) RESIDENCE NO. 2107 Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? — — yrs. — — mos. — — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) April 3, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Gaughran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine Lynch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Charles A. Price

(Address) 310 Thorn Hill Road

15 Filed ..... 19 ..... C. HILLSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to me death on the day stated above.

The CAUSE OF DEATH was as follows:* Tuberculosis of Lungs

Cerebral Hemorrhage.

Tuberculosis of Lungs (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Signed) (Coroner) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	11/5 19 28

20 UNDERTAKER Henry W. Mears & Son ADDRESS 2 E. Saratoga St.

...e.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38786

CERTIFICATE OF DEATH

129

REGISTERED NO. E38786

1—PLACE OF DEATH

...TY OF BALTIMORE: (No. 610 E. 33d ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Brooks McClernan

(a) RESIDENCE NO. 610 E. 33d ST., WARD
(Usual place of abode)

...ngth of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...emale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew McClernan

...ATE OF BIRTH (month, day, and year) April 15, 184[illegible]

...GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	83	6	16	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Richard Brooks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Keys

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Mrs. Mary E. Gray
(Address) 610 E. 33d Street

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Nov. 1, 1928, that I last saw h[illegible] alive on Oct. 31, 1928 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis -
Chronic Interstitial Nephritis.

(duration) 5-2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Condition

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Peter S. Risley, M. D.

Nov. 2, 1928 (Address) 12 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	11/3 19 28
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	804 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38787

CERTIFICATE OF DEATH.

74-001 E38787

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 312 S. 15th St. 76-37 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Thomas

(a) RESIDENCE No. 312 S. 15th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Thomas

6 DATE OF BIRTH (month, day, and year): Sept 21st 1856

7 AGE — Years: 72 — Months: 1 — Days: 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wales

PARENTS

10 NAME OF FATHER: John Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Elizabeth Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant: Percy Thomas (Address) Philadelphia Pa

15 Filed NOV 2 19 28 Registrar

C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1928, to Nov 1st, 1928, that I last saw her alive on Nov 1st, 1928, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Todd, M. D.

19 (Address) 4700 Reisterstown Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: STEUBENVILLE. Ohio

DATE OF BURIAL: 11-3-1928

20 UNDERTAKER: Robert Brokeseson

ADDRESS: Calhoun. Hollins St.

...—2-29-28—L. F. S.—500 Blks.

E38788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E38788

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2065 Woodbury Ave ST. 13-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John N Shauck

(a) RESIDENCE NO. 2065 Woodbury Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 21 1851

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Dies

(c) Name of employer

9 BIRTHPLACE (city or town) md
(State or country)

10 NAME OF FATHER William Shauck

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Emma Shauck

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

Informant Mrs George Berry

(Address) 2065 Woodbury Ave

Filed ... 1928 ... 19 ... R. L. S. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 1, 1928, that I last saw h[illegible] alive on Nov 1st, 1928 and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Myocarditis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 2200 N 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Balto Co

DATE OF BURIAL Nov 3 1928

20 UNDERTAKER Edmondson

ADDRESS 3409 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E38789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38789
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 757 W. Saratoga St., 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Palmer

(a) RESIDENCE NO. 75 7W. Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Palmer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	34	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Henry Palmer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER E. Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs B. Palmer

(Address) 75 7W. Saratoga

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller M. D.
(Coroner)

11/1 1928 Address 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. Date of Burial 11-2-1928

20 UNDERTAKER Daniel Easter ADDRESS 916 Eastern

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38790

CERTIFICATE OF DEATH.

129 E38790

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Rear 216 Rock St. 18-16 (WARD)

2-FULL NAME Alex Breckenridge

(a) RESIDENCE (No.) Rear 216 Rock St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20-1857

7 AGE — Years: 77 — Months: 8 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Made and Sold

(b) General nature of industry, business, or establishment in which employed (or employer): Soap.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Dead Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dead Unknown

12 MAIDEN NAME OF MOTHER: Dead Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dead Unknown

14 Informant (Address): Ida Pines 211 East St

15 Filed [illegible] 19 [illegible] Registrar

[illegible] HAMILTON JONES, M. D.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 11th 28, to Nov 1 28, that I last saw h[illegible] alive on Oct 30th 28 and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) one yrs. — mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. G. Lisle, M. D.

Nov 2 25 (Address) 1811 Bank Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 11-2-28

20 UNDERTAKER: David Easton — ADDRESS: 76 Division

ec.—1-12-23—M&T—500 Blks.

Glover.

HEALTH DEPARTMENT—CITY OF BALTIMORE

238791

CERTIFICATE OF DEATH.

31 E38791

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1734 McCulloh ST. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Glover

(a) RESIDENCE NO. 1734 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 24-1912

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	15	11	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Walter Glover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Beridie Glover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Beridie Glover

(Address) 1734 McCulloh St

Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1 1920

17

I HEREBY CERTIFY, That I attended deceased from 5/20, 1920, to 11/1, 1920,

that I last saw h alive on 11/1, 1920

and that death occurred, on the date stated above, at 7:45 m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B McCulloh, M. D.

, 19 21 (Address) 2139 Pk, a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11/4/1920

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1603 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38792

CERTIFICATE OF DEATH.

E38792
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (ST.) 8-13 (WARD)

2-FULL NAME Baby girl Christopher.

(a) RESIDENCE No. 1319 N. Eden St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/30/28

7 AGE: Years | Months | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. General Hospital.

PARENTS

10 NAME OF FATHER Fredrick Christopher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Rathenhaper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredrick, Md.

14 Informant (Address) Hospital Records.

15 Filed ..... 19 .... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/28. 19

17 I HEREBY CERTIFY, That I attended deceased from 10/30/28, 19 , to 11/1/28, 19 ,

that I last saw her alive on 11/1/28, 19 ,

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic disease ? neo Natorum. with Cerebral Hemorrhage.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

11/2 (Signed) Jno A. Younger, M. D.

28 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov. 2nd 1928

20 UNDERTAKER: Henry Hauck Son — ADDRESS: 1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

E38793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E38793
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Balto. Gen. Hosp. St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary E. Davis

(a) RESIDENCE No. 1040 Homewood Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of George Davis

6 DATE OF BIRTH (month, day, and year) 12.12.1896

7 AGE — Years: 32 Months: 10 Days: 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Mark Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER Lizzie Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Hospital Records

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from 10. 26. 1928. to 11. 1. 1928.

that I last saw h.. alive on 11. 1. 1928

and that death occurred, on the date stated above, at 6-25 P. M.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) acute dilation of heart (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Schwarzschild M. D.

11. 1. 1928 (Address) Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Plot Rolls — DATE OF BURIAL: Nov. 5 1928

20 UNDERTAKER: Henry Koeck Son — ADDRESS: 301 E Eager St

NOV 3 - 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38794
1-PLACE OF DEATH

CERTIFICATE OF DEATH. 167-001 E38794

REGISTERED NO. 19-27

City of BALTIMORE: (No. 23 N. Gilmore St., Ward)

2-FULL NAME Dorothy H. Simmons

(a) RESIDENCE NO. 23 N. Gilmor St. Ward
(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Beamer N. Simmons

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	36	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Beamer H. Simmons
(Address)

15 Filed NOV 2 1928, 19 HAMILTON JONES, M. D.
By: [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide
Gas asphyxiation
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. F. Bro[illegible] M. D.
(Coroner)

19 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Nov 2 1928

20 UNDERTAKER [illegible] ADDRESS 1013 W. Fulton Ave

c.—1-12-23—M&T—500 Blks.

E38795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E38795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. (Sts.) (WARD) 30

2-FULL NAME Wm. Johnson ?

(a) RESIDENCE NO. 803 S. Green St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant Balto City Hosp. Reno
(Address)

Filed , 19 1928 C. HAYDEN [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/30 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 1, 19 27, to 10/30, 19 28, that I last saw h[illegible] alive on 10/30, 19 28 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

Chr. Thyroiditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Path.

(Signed) P. M. Steck, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion ct — DATE OF BURIAL Nov 2 19 28

20 UNDERTAKER C. W. Brown & Son — ADDRESS Baltimore

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38796

CERTIFICATE OF DEATH

E38796

REGISTERED NO. 21-50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Carrollst. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia Platt

(a) RESIDENCE NO. 312 Carroll ST., Roland Pk WARD

(Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. 7 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maximillian Platt

DATE OF BIRTH (month, day, and year): March 6 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Jacob Kumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M Gemmaglee

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

Informant: Mrs Bishop

(Address) 312 Oakdale Rd

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 30-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1928 to Oct 30 1928

that I last saw h alive on Oct 30 1928

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O Lloyd M. D.

19 (Address) 7737 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Nov 2 1928
20 UNDERTAKER	ADDRESS
Wm J Tracken & Sons	N. Y Pa

HAMILTON JONES, M.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38797
1-PLACE OF DEATH

1771

E38797
REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 26-41 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Riemer

(a) RESIDENCE NO. 4807 Belair Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1/1927

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or...min.
	1	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Harry Riemer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Irene Bosweck

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Hospital Records
(Address)

15 Filed ..... 19 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30/'25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Lead Poisoning -(Obtained from gnawing furniture)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
(Coroner)

10-1/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cemetery Date of Burial Nov 2 19 25

20 UNDERTAKER Jos. J. Herr ADDRESS 156 N. Luzerne Ave

NOV 2 1925 C. HAMILTON JONES, M. D.

...—2-29-28—L. F. S.—500 Bks.

238798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 F38798

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1811 E. Fairmount Ave St., 6-9 WARD)

2—FULL NAME Abraham Tamres

(a) RESIDENCE NO. 1811 E. Fairmount Ave St.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Tamres

DATE OF BIRTH (month, day, and year) June 15 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Finding Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Tamres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 Eutaw St

Filed ..., 19 11/ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/2/28

17

I HEREBY CERTIFY, That I attended deceased from January 14, 1928, to Nov. 1, 1928,

that I last saw him alive on Nov. 1, 1928

and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

aortic and mitral insufficiency

(duration) yrs. 9 mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary infarct due to thrombosis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Morris Abramowitz, M. D.

, 19 (Address) 1705-7 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mech Bood

DATE OF BURIAL 11/ 1928

20 UNDERTAKER Jack Lewis 1439 Eutaw St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E38799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E38799

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-12 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Jacobs.

(a) RESIDENCE NO. Detroit Mich ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Jacobs

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years 52 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Borel Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Whitman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hymon Levin (Address) 3606 Eastkmore av

15 Filed NOV 2 - 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-30, 1928, to 11-1-, 1928, that I last saw h alive on 11-1-, 1928, and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

① Carcinoma of Larynx.

② Hemorrhage into thorax with immersion of lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-1-28.

Was there an autopsy? No

What test confirmed diagnosis? Microscopic section

(Signed) L. Clarence Cohn, M. D.

11/1, 1928 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detroit Mich. DATE OF BURIAL 11/2 1928

20 UNDERTAKER Jack Lewis ADDRESS 1432 E Balt St

E38800 — 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38800.

E38800

E38800.

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 2532 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. McKenna (Sr)

(a) RESIDENCE NO. 2502 Lakeland Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola A. McKenna

6 DATE OF BIRTH (month, day, and year) Nov 27 - 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Tube Works

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Peter McKenna

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Irrland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Irrland

14 Informant Mrs Wm. C. McKenna (Jr)

(Address) 705 Linnard St

15 Filed ..... 19 ..... Per ..... Registrar

NOV 2 - 1928 HAMPSON JONES M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) October 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Augustus Fiedler M. D. (Coroner)

11/2/ 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk. Cem. Date of Burial: Nov 3 1928

20 UNDERTAKER: John J. Cowan & Son ADDRESS: 901 Hollins St

—2-29-28—L. F. S.—500 Bks.

E38801 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E38801

CERTIFICATE OF DEATH

159-002

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3230 E Baltimore ST., (or WARD) 26-34

2—FULL NAME George W. Kreller

(a) RESIDENCE NO. 3230 E Baltimore ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Male~~

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Child

If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, and year): Oct 21-1928

AGE: Years | Months | Days: 10 11 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: William Kreller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Ella Hanratty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: William Kreller.

(Address)

Filed ... 19 ... C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1st 28

17

I HEREBY CERTIFY, That I attended deceased from Oct 22. 1928. to Nov 1st. 1928. that I last saw him alive on Oct 31st. 1928 and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Trauma cause failed to close correctly

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Lod M. D.

19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem't

DATE OF BURIAL: Nov 2 1928

20 UNDERTAKER: Lally & Zuber INC.

ADDRESS: 413 S. Wolfe St.

.—2-29-28—L. F. S.—500 Bks.

38802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38802

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1717 N Montford, Ave. 8-16 WARD)

2—FULL NAME Katherine E. Childress

(a) RESIDENCE NO. 1717 N. Montford, Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
male	white	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) July 25, 1904

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	24	3	6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Newport News Va

10 NAME OF FATHER Reuben V. Childress

11 BIRTHPLACE OF FATHER (city or town) Balto, Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Bradley

13 BIRTHPLACE OF MOTHER (city or town) Harford Co
(State or country)

Informant Reuben V. Childress

(Address) 1717 N Montford Ave

Filed ....., 19.... HAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH Oct 31 1928

16 DATE OF DEATH (month, day, and year) Oct 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Oct 31, 1928.

that I last saw ~~her~~ alive on Oct. 31, 1928

and that death occurred, on the date stated above, at 6 ~~P~~ P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) Albert E. Singewald, M. D.

Nov 1, 1928 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Long Green Md	Nov 3 1928
20 UNDERTAKER	ADDRESS
Ralph T. Turnerche	1442 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38803

CERTIFICATE OF DEATH.

90 E38803

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 N Parrish St. 19-27 Ward)

2-FULL NAME Margaret Sarah M. Savage

(a) RESIDENCE NO. 406 N. Parrish St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Savage

6 DATE OF BIRTH (month, day, and year): March 15. 1870

7 AGE: Years 58 Months 7 Days 16 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Bridget A.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Peter Savage

(Address): 406 N Parrish Street

15 Filed ....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): old age

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Brooke M. D.

(Coroner)

10/31, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keller Va Nov 3, 1928

Date of Burial

20 UNDERTAKER: Joseph A Lucky

ADDRESS: 409 N Mount

C. HAMPSON JONES, M. D.

NOV 2 - 1928

Spec. -7-17-26—A Co.—200 Bks.

E38804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E38804

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St.) (Ward) 4-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Edwards

(a) RESIDENCE NO. Pomsret, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: 82 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Unknown

14 Informant James R. Penny

(Address) Emmasville Springs Md

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/29/28 19 ..... to 10/31/28 19 .....

that I last saw him alive on 10/31/28 19 .....

and that death occurred, on the date stated above, at 4.30 p.m. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. L. Winstead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pomfret Md — Date of Burial: Nov 4 19 28

20 UNDERTAKER: Penny & Cofer — ADDRESS: Mason Springs Md

Cor.—12-9-25—A Co.—200 Bks.

E38805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 F38805

1-PLACE OF DEATH Found floating in the water at

City of BALTIMORE: (No. Durn's Shipyard Foot of Hanover St.) (Ward) 4263

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Unknown.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About 50	----------			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Do not know.

14 Informant Police Report S.D.,

(Address) ____

15 Filed ____ 19 ____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found October 21, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ (Coroner) ____ M. D.

10/31 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial ____ 19

20 UNDERTAKER ____ ADDRESS ____

Commissioner Health.

NOV 2 - 1928

NOV 2 - 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38806

CERTIFICATE OF DEATH.

90

E38806

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier No. 2 Locust Point. St., 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Powell. (C)

(a) RESIDENCE NO. 1106 S. Sharp St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced (or) WIFE of: George Powell. (C)

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE — Years: 45 — Months: ---- — Days: ---- — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Virginia.

PARENTS

10 NAME OF FATHER: Richard Frances. (C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Jane Williams. (C)

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia.

14 Informant: Susie Caldwell. (C) sister

(Address): 205 N. Hill St

15 Filed ....., 19 .....

THE MORGUE Nov 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 15, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

(Coroner)

10/31, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

NOV 2 - 1928

Cor.—12-9-25—A Co.—200 Bks.

E38807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E38807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 145 N. Gay St. 4-1 Ward)

2-FULL NAME Wm. Boylan

(a) RESIDENCE NO. 145 N. Gay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: About 50 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country) Ohio

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1926 19 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 23 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows)

Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov (Signed) [illegible] M. D.

, 19 2 (Coroner)

(Address) 1629 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health

NOV 2 1926 UNIVERSITY OF MARYLAND

PERMISSION TO BURY

FILED NOV 2 1926

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38808

CERTIFICATE OF DEATH.

31 E38808

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Baltimore City Hospitals (Street) (Ward) 1-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Alford

(a) RESIDENCE NO. 239 West Preston ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (Write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ozella Alford

DATE OF BIRTH (month, day, and year) 1888 (?)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer): (illegible)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Florida

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Ozella Alford

(Address) 239 W. Preston St

Filed ... 19 28 H. A. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928 to Octob 30, 1928, that I last saw him alive on Octbr 30, 1928 and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary tuberculosis

(duration) unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Clinical and Path

(Signed) Henry C. Smith, M. D.

, 19 (Address) Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Nov 3 1928

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38809

CERTIFICATE OF DEATH.

18 E38809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 12-19 WARD)

2-FULL NAME James B. Gregory

(a) RESIDENCE No. Mt Hope Retreat ST., 1627 N. Caroline St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7 DATE OF BIRTH (month, day, and year) Oct 3 1887

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	0	27	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road

(c) Name of employer Balto & Ohio R.R.

10 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. Gregory Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliza J. Devese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mt Hope Records Mt Hope Retreat

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1923, to Oct 31, 1928, that I last saw h[illegible] alive on Oct 31, 1928 and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Dell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Nov 3 19 28

20 UNDERTAKER: Frank A. Funk ADDRESS: 951 Gay

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F38810 90 F38810

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No. 2425 N. Calvert ST. 12-50 WARD)

2-FULL NAME Georgianna Grace Guest Keech

(a) RESIDENCE NO. 2425 N Calvert ST. 12 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? 73 yrs. 3 mos. 6 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cyril W. Keech

DATE OF BIRTH (month, day, and year) July-26-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER J. Wesley Guest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co. Virginia

12 MAIDEN NAME OF MOTHER Emily Mulley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland.

14 Informant Mr. Malcolm Keech - (son)
(Address) 2425 N. Calvert St.

15 Filed 2-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-1-1928

17 I HEREBY CERTIFY, That I attended deceased from Called in emergency. 19 to 19

that I last saw h[er] alive on Oct 31 19 28

and that death occurred, on the date stated above, at 12:30 A.M. Nov 1st

The CAUSE OF DEATH* was as follows:

Cardiac failure -
O.K. Coroner J. Boorman

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Nathaniel M Beck M. D.

19 (Address) 2422 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov 3 19 28
20 UNDERTAKER	ADDRESS
Stewart & Co	Balto.

Spec.—1-10-21—M&T—1500 Bks.

E38811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 129 E38811

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S Durham ST. 2-4 WARD)

2-FULL NAME Chas Cooper

(a) RESIDENCE NO. 223 S Durham ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced. HUSBAND of (or WIFE of): Mariah Cooper

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 78 Months — Days —

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Caulker

(b) General nature of industry, business, or establishment in which employed (or employer): O'S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Aaron Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mariah Cooper wife 223 S Durham St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Nov 2, 1928, that I last saw h[illegible]alive on Nov 1, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hemmorrhage with Hemmorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

11/2, 1928 (Address) 1429 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loved Lawn

DATE OF BURIAL: Nov 5 28

20 UNDERTAKER: [illegible]

ADDRESS: 1130 Wash St

c.—2-29-28—L. F. S—500 Blks.

E38812 HEALTH DEPARTMENT—CITY OF BALTIMORE E38812

74001

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 21-29 ST. WARD)

2—FULL NAME Elizabeth Gillespie

(a) RESIDENCE NO 100 Scott ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

ATE OF BIRTH (month, day, and year)

GE 73 Years	Months	Days	If LESS than 1 day, hrs. or.... min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

IRTHPLACE (city or town) Ohio
(State or country)

10 NAME OF FATHER Wm Deegan

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Catharine

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

Rec'd 03

Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

Filed 2-8-1928, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 9-15, 1928, to 10-31, 1928, that I last saw h[illegible] alive on 10-31, 1928 and that death occurred, on the date stated above, at 11:00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Right Hemiplegia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

Old Hemiplegia, left (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Wirt, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Jan 5 1928
20 UNDERTAKER	ADDRESS
Edward G Fuch	734 Poplar Grove St

Rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38813

CERTIFICATE OF DEATH

101-001 E38813

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 104 S. East ave ST.) 1-2 WARD)

2—FULL NAME George Clayton Creager

(a) RESIDENCE NO. 104 S. East ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 3 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) July 30 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crater

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer: Standard Sanitary Co.

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: C. Leslie Creager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hagerstown Md

12 MAIDEN NAME OF MOTHER: Hattie Theodosia Stocksdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Thurmont Md

Informant: Murray Stocksdale

(Address) 2936 E. Baltimore st

Filed ..... 19 .....

1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1928

17 I HEREBY CERTIFY that I attended deceased from Oct 26 19 28 to Nov 2 19 28

that I last saw h— alive on Nov 2 19 28

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): none.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. Finney Smiley M. D.

(Address) 2958 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thurmont Md

DATE OF BURIAL: Nov 4 1928

20 UNDERTAKER: Chas. S. Black

ADDRESS: 742 N Dorcas ave

Spec.—12-9-25—A Co.—200 Bks.

E38814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38814

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 600 Venable Aye. St., 9-47 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan W. Gabler

(a) RESIDENCE NO. 600 Venable Aye. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Gabler

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1857,

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

PARENTS

10 NAME OF FATHER Nicholas G. Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Elenor Walters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant Mrs. E. A. Warner

(Address) 808 N. Broadway

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

10-31-

17 I HEREBY CERTIFY, That I attended deceased from October 2nd, 1928, to October 31st, 1928, that I last saw h[er] alive on October 31st, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy.

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Bronchitis Indefinite

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lowson Woodall, M. D.

11/1, 19 28 (Address) 530 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Johns Cem. Nov. 3 1928

20 UNDERTAKER ADDRESS

Wm. C. Blacke 927 N. Broadway

2-1928 C. HAMPSON JONES, M. D.

RCH

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38815

CERTIFICATE OF DEATH.

29 E38815

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 554 Orchard St. 17-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Henderson.

(a) RESIDENCE NO. 554 Orchard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Henderson

6 DATE OF BIRTH (month, day and year): 1860

7 AGE: Years 68 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Montgomery Co (State or country) Md. Not

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant: Pauline Johnson (Address) 554 Orchard St

15 Filed ..... A.M. 19..... Registrar

C. HAMPSON JONES, M. D.

Pat. AKA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) Dec 31st 1928

17: I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) F. C. Lusk M. D.

(Address) 1011 Dr. F. Vinson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 1/3/1929

20 UNDERTAKER: Mrs. Jos. H. Holland ADDRESS 463 Dumas Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38816

CERTIFICATE OF DEATH.

179 E38816

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 224 S Washington St. 2-4 Ward)

2-FULL NAME Josephine Zammuto

(a) RESIDENCE NO. 224 S Washington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Saverio Zammuto

6 DATE OF BIRTH (month, day, and year): Feb 4 1860

7 AGE — Years: 66 — Months: 8 — Days: 12 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Poland

PARENTS

10 NAME OF FATHER John Poffe

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Unknown

14 Informant Frank Zammuto

(Address) 1618 Eastern Ave

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Severe burns on both legs and hips, probably accidental burns

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia

Myocarditis (duration) 7 yrs. 2 mos. ..... ds.

(Signed) James M Linton M. D.

(Coroner)

11/1 1928 (Address) 1002 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial 11 3 1928

20 UNDERTAKER: Mrs Fiaccowitz — ADDRESS 1618 Eastern Ave

c.—2-29-28—L. F. S.—500 Bks.

38817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F38817

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 1729 Laurens ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John S. Misner

(a) RESIDENCE NO. 1729 Laurens ST., WARD
(Usual place of abode)

gth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

married, widowed or divorced HUSBAND of (or) WIFE of Janie L.

TE OF BIRTH (month, day, and year) July 15-1863

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	16	

CUPATION OF DECEASED

a) Trade, professinn or particular kind of work Guard Western

b) General nature of industry, business, or establishment in which employed (or emplnyer) Police Patrol 61

c) Name of employer City of Balton

RTHPLACE (city or town) State or country) Maryland

0 NAME OF FATHER Joshua Misner

1 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

2 MAIDEN NAME OF MOTHER ?

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Mary M Sawyer

(Address) 5334 Harding Road

Merchandise Broker

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 28

17

I HEREBY CERTIFY, That I attended deceased from August . 1924 . to Nov 1 . 192[illegible]

that I last saw h[illegible] alive nn Nov 1st . 19[illegible]

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

CONTRIBUTORY (Secondary) Rheumatism (duration) yrs. 3 mns. ds.

(duration) 2 yrs mos. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? Nn Date of

Was there an autopsy? N

What test cnnfirmed diagnosis? Clinical

(Signed) A N Gonnch . M. D.

11[illegible]. 19[illegible] (Address) 117 W Lanatiga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL 11/3-1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nath

...ec.—2-29-28—L. F. S.—500 Bks.

E38818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3337 Belvedere.

90 E38818

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 6619 Reisterstown Rd WARD) 28-13

2—FULL NAME William W Hakesley

(a) RESIDENCE NO. 6619 Reisterstown Rd ST.. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizibeth Hakesley

DATE OF BIRTH (month, day, and year) Sept 19 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William W Hakesley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizibeth Lamond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Elizibeth Hakesley

(Address) 6619 Reisterstown Rd

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1925, to Nov. 2, 1928,

that I last saw h im alive on Nov. 2, 1928

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Beasley, M. D.

Nov 2, 1928 (Address) 7337 Belvedere Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	11 6 19 28
20 UNDERTAKER Daniel Easton	ADDRESS

Rev.—1-12-23—M&T—500 Bks.

E38819

HEALTH DEPARTMENT—CITY OF BALTIMORE

002 E38819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 4-20 ST., WARD)

REGISTERED NO. 22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Webb

(a) RESIDENCE NO. 706 N Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of or) WIFE of Isaac A Webb

DATE OF BIRTH (month, day, and year) Oct 4, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Delaware

10 NAME OF FATHER Daniel Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

4 Informant Records (Address) BALTIMORE CITY HOSPITALS

5 Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-1, 1928, to 11-7, 1928, that I last saw her alive on 11-7, 1928, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:-

Cirrhosis of Liver

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Ovarian Cyst ulceration

Colitis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Kirk, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 11 5 1928

20 UNDERTAKER W. M. Cook ADDRESS 522 E Fort Ave

Spec.—I-10-21—M&T—1500 Bks.

E38820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38820

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2111 Homewood Ave ST., 1-46 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Romoser

(a) RESIDENCE No. 2111 Homewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Alexander J Romoser Sr.

6 DATE OF BIRTH (month, day, and year): Feb 15-1847

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or min.
81	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Causey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Worcester Co. Md

12 MAIDEN NAME OF MOTHER: Rosanna J Bonner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: George H. Romoser.

(Address) 2111 Homewood.

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 31 1928

17 I HEREBY CERTIFY, That I attended deceased from December 1917 to Oct 31 1928 that I last saw ~~her~~ alive on Oct 31 1928 and that death occurred, on the date stated above, at 7:28 P m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

CONTRIBUTORY (Secondary) (duration) 11 yrs. mos. ds. Chronic Myocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. B. Burton M. D.

(Address) 301 E. Ernest St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

20 UNDERTAKER: J. Frank Supplee

DATE OF BURIAL 11/3 1928

ADDRESS 318 Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

E38821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38821

CERTIFICATE OF DEATH.

144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Spedden

(a) RESIDENCE NO. 3328 Lyndale Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carroll J Spedden

6 DATE OF BIRTH (month, day, and year): Nov. 10, 1900

7 AGE: Years 28; Months 11; Days 21; If LESS than 1 day, ? hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert Manner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Carroll J Spedden

(Address) 3328 Lyndale Ave

15 Filed , 19 Registrar

C HAMPSON JONES, M. D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from October, 1928, to Nov 1, 1928, that I last saw h[illegible] alive on Nov. 1, 1928, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Pregnancy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Albumin & Dimorphism

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Nov. 1/28

Was there an autopsy? yes.

What test confirmed diagnosis? Palpation, Auscultation

(Signed) C. W. Bowers, M. D.

, 19 (Address) 1812 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Gen

DATE OF BURIAL: 11/5 19 28

20 UNDERTAKER: [illegible]

ADDRESS: 318 Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F38822

CERTIFICATE OF DEATH.

90 F38822

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: Our Interment 1209 Wyndhurst Ave 21st Ward

2-FULL NAME Emma Gent.

(a) RESIDENCE NO. 509 Brune St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Gent

6 DATE OF BIRTH (month, day and year): 1863

7 AGE — Years: 63 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town): Butts Md.

(State or country)

PARENTS

10 NAME OF FATHER: Saml Brooks

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Hester Joyce

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Walter Coates

(Address): 786 W. Mulberry

15 Filed Nov 1 19 28

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 1st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. C. Feick M. D.

(Coroner)

Nov 1 19 28 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery Date of Burial: Nov 3 1928

20 UNDERTAKER: Samuel D Hemsley ADDRESS: 787 Carlisle

1928 C. HAMPSON JONES, M.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E38823

CERTIFICATE OF DEATH.

88 E38823

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 N Arlington Ave. 18-76 Ward)

2-FULL NAME Fred Catlin

(a) RESIDENCE NO. [redacted]26 N Arlington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Catlin

6 DATE OF BIRTH (month, day, and year) Apr 7, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	51	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab — gen'l

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Fred Catlin

(Address) 426 N Arlington Ave.

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Garoode M. D.
(Coroner)

10/31, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial 19

20 UNDERTAKER Samuel F Kemsley ADDRESS 518 N Eutaw

CLARKSON PRESS NOV 3 1928

...c.—2-29-28—L. F. S.—500 Bks.

E 38824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4 E 38824

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. Pratt ST., 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine E. Zeiler.

(a) RESIDENCE NO. 1911 E. Pratt ST., 2 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late John S. Zeiler

DATE OF BIRTH (month, day, and year) Aug 10th 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond Va.

10 NAME OF FATHER Ignatius Herrdegan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margt. Dalzig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Agnes Nolan (sister)

(Address) 1911 E. Pratt St.

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Nov. 1, 1928, that I last saw her alive on Oct. 31, 1928 and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pennington, M. D.

11. 2. 1928 (Address) 5 14 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 5th 1928
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc.	403 S. Wolfe St.

ec.—1-12 23—M&T—500 Blks.

E 38825 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38825

CERTIFICATE OF DEATH. 175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 N. Carey St. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E. Lee

(a) RESIDENCE NO. 1338 N. Carey ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of James Lee

DATE OF BIRTH (month, day, and year) Dec. 1878

AGE 44 Years 11 Months Days If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer Mrs. Hopkins

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER William Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Julia Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs. Lee (Address) 1338 N. Carey St

Filed ... 19 ... By ... Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1927 to Oct 31 1928 that I last saw h[illegible] alive on Oct 18 1928 and that death occurred, on the date stated above, at 6 75 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Meninges

(duration) yrs. 7 mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov 3 1928

20 UNDERTAKER Thomas E. Kelly

ADDRESS 1393 Freshman St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38826

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Joslin

(a) RESIDENCE NO. 2074 - Park Ave. ST., WARD Raleigh-N-Car

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 45 — Months — Days — If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York -

PARENTS

10 NAME OF FATHER: Wm C. Joslin

11 BIRTHPLACE OF FATHER (city or town) (State or country): N-Y -

12 MAIDEN NAME OF MOTHER: E. [redacted]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Records -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1928 to Nov. 3 1928, that I last saw him alive on Nov. 3 1928, and that death occurred, on the date stated above, at 8 20 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Renal Calculi.
Bilateral Hydronephrosis.

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Raleigh N C

Did an operation precede death? Yes, Date of 10/26/28

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin & autopsy

(Signed) E. E. Jameson M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ra[redacted]h N C — DATE OF BURIAL 11/3/28

20 UND[redacted] Joseph Ahrens — ADDRESS 121 Bway

...c.—2-29-28—L. F. S.—500 Bks.

9E 38827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36-004 E 38827

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emil C Schaub

(a) RESIDENCE NO. 3415 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Corda Schaub

DATE OF BIRTH (month, day, and year) 7/27/70

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	55	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer Government

BIRTHPLACE (city or town) (State or country) Iowa

10 NAME OF FATHER Julius Schaub

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Mathelina Schmutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1-28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23 1928, to Nov. 1 1928, that I last saw him alive on Nov. 1 1928, and that death occurred, on the date stated above, at 12 5-8 a m.

The CAUSE OF DEATH* was as follows:

Renal Tuberculosis

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H C Smith, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Nov 5 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Gilmor

...—2-29-28—L. F. S.—500 Bks.

E 38828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 38828

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Chesmont Ave ST. 27-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helena Ebersberger,

(a) RESIDENCE NO. 4011 Chesmont Gardenville ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Micheal Ebersberger

DATE OF BIRTH (month, day, and year) May 11 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs Gerhart Bruggemna.

(Address) 4011 Chesmont Ave.

Filed ..., 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Oct 1, 1928, that I last saw h alive on Oct 1, 1928 and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast + Coecum

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? yes Date of 6 mos ago

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Bruns, M. D.

4/X, 1928 (Address) 4202 Ridgewood Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL Oct 4 1928

20 UNDERTAKER Chas Ellis ADDRESS 2[illegible]

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38829 — 90 — E 38829

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 153 N Curley ST. 6-11 WARD)

2—FULL NAME William H Wolfe

(a) RESIDENCE NO. 153 N Curley ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie N. Wolfe

DATE OF BIRTH (month, day, and year): Sept 26 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: William Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Mrs Annie N Wolfe

(Address) 153 N Curley St

Filed ..., 19 ...

1928 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31 1928 to Nov 2 1928.

That I last saw him alive on Nov 1 1928

and that death occurred, on the date stated above, at 6 25 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Gill Hall M. D.

Nov 2 1928 (Address) 1631 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Nov 5 1928

20 UNDERTAKER: John Ullrich

ADDRESS: 2006 Orleans

ec.—2-29-28—L. F. S.—500 Bks.

E 38830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-08

E 38830

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 2800 W Lanvale ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Adam Raab

(a) RESIDENCE NO. 2800 W. Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Johannah Raab

ATE OF BIRTH (month, day, and year) Apr 26-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	5	1

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

IRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Peter Raab

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Steinlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Johannah Raab

(Address) 2800 W. Lanvale St

Filed ... 1928 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1928, to Nov 1, 1928, that I last saw h alive on Nov 1 1928 and that death occurred, on the date stated above, at 5 50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cerebral Sclerosis (duration) 4 yrs. mos. ds.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Patrick, M. D.

Nov 1, 1928 (Address) 936 S Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Nov 5 1928

20 UNDERTAKER John Ullrich

ADDRESS 2008 Aliceanna

Rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38831

CERTIFICATE OF DEATH

179

E 38831

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1847 N Durham ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter R Blomeier

(a) RESIDENCE NO. 1847 N Durham ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary K Blomeier

DATE OF BIRTH (month, day, and year): Dec 8 1878

AGE: Years 49 Months 10 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Ernest Blomeier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Friedericka Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Minnie Blomeier

(Address): 21 S Central Ave

Filed 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Nov 2, 1928

that I last saw him alive on Nov 2, 1928

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller, M. D.

11/2, 1928 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 5 1928

20 UNDERTAKER: John Ellrich

ADDRESS: 2008 Eutaw

ec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38832 E 38832

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 502 S 8th ST. 26-37 WARD)

2—FULL NAME Charles Cumberland

(a) RESIDENCE NO. 502 S. 8 ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Cumberland

6 DATE OF BIRTH (month, day, and year) Jul 12. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER George Cumberland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Hollerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Margaret Cumberland

(Address) 502 S 8th

Filed ..... 19 ..... Registrar

1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 28. 1928. to Nov 2. 1928.

that I last saw him alive on 11/1 19 28

and that death occurred, on the date stated above, at 11 35 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C A Lutschnauer, M. D.

Nov 3, 1928 (Address) 2434 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Nov 5 1928

20 UNDERTAKER John Welsh

ADDRESS 2008 Aliceanna

...c.—2-29-28—L. F. S.—500 Bks.

E 38833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 38833

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2224 Garrison Blvd. ST.) (15-6 WARD)

2—FULL NAME Willie Gladys Scott

(a) RESIDENCE NO. 2224 Garrison Blvd. ST.
(Usual place of abode)

WARD

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 24, 1891

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. (Pd Op)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Matthew Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Margaret E. Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Margaret Scott

(Address) 2224 Garrison Blvd.

Filed ..... 19 .....

C. HERBERT JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928 to Nov 2, 1928

that I last saw her alive on Nov 2, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1317 Light St, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wards Chapel Cemetery

DATE OF BURIAL: Nov 4 1928

20 UNDERTAKER: Ward & Son Inc

ADDRESS: Sykesville Md

Spec.–7-17-26—A Co.—200 Bks.

E 38834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38834

CERTIFICATE OF DEATH

47

1-PLACE OF DEATH Aged Women Home — REGISTERED NO. ____

City of BALTIMORE: (No. 1400 W Lexington St. 16-27 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary E Fairbank

(a) RESIDENCE NO. 1400 W Lexington St. Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	73	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____
(State or country) St Michaels Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) ____
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Unknown

14 Informant M E Baker
(Address) 1400 W Lexington

15 Filed ____, 19 ____ Registrar

C. HAMPSON JONES, M. D.

Mar 1928 ARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1927, to Nov. 2, 1928, that I last saw h[illegible] alive on Nov. 2, 1928 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma breast C

Metastasis to Stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? Yes Date of ?

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Edwin C. Jarrett M. D.

19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels Md — Date of Burial Nov 3 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Bolton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38835

CERTIFICATE OF DEATH.

90

E 38835

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4240 Resterstown Rd. 15-58 Ward)

2-FULL NAME Ida M. Haddock

(a) RESIDENCE NO. 4240 Resterstown Rd. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 23-1863

7 AGE: Years 65 Months 2 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Jesse H Murray

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Emelia Tracey

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Effie Murray (Address) 4240 Resterstown Rd.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Lank M. D.

(Coroner) (Address) North Ave & Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Date of Burial: Nov 5 1928

20 UNDERTAKER: George J Smith ADDRESS: Holbrook

1928 C. HAMPSON JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

E 38836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 38836

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4669 Park Heights Ave St.) 27-56 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis L. Lawrence

(a) RESIDENCE NO. 4669 Park Heights Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Lawrence

6 DATE OF BIRTH (month, day, and year): Dec 18 - 1890

7 AGE: Years 37 Months 10 Days 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: George I Lawrence

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Margaret Lawrence

(Address): 4669 Park Heights Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Mch. 1, 1928 to Nov. 2 1928

that I last saw him alive on Nov. 2 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Dorsi-I

Acute Endocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chron. Nat Nephritis

Septic Endocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Elton J Kelly M. D.

11/3 1928 (Address) 608 Dumont Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hampstead Md — Date of Burial: Nov 5 1928

20 UNDERTAKER: Edw C. Tipton — ADDRESS: Hampstead Md

E 38837 Spec. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38837

90v

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1923 Patterson Place St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Kreider

(a) RESIDENCE NO. 1923 Patterson Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Bregle

6 DATE OF BIRTH (month, day, and year): January 4 1852

7 AGE: Years 76 Months 10 Days 28 27

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Cutter 075

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 5 yrs

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER: Conrad Kreider

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant: Mrs Laura Kreider (Address) 1923 Patterson Place

15 Filed NOV 3 - 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1928, to Nov 1st, 1928, that I last saw him alive on Nov 1st, 1928, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. mos 27 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Signs

(Signed) David Miller, M. D.

11/2, 1928 (Address) 1500 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Nov 3 1928

20 UNDERTAKER: J Barton — ADDRESS: Glenburnie

ec.—2-29-28—L. F. S.—500 Bks.

E 38838

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-09

E 38838

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1616 Patapsco ST. 24-34 WARD

2—FULL NAME argaret A. Zang.

(a) RESIDENCE NO. 1616 Patapsco ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. 5 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale.	White.	Widowed,

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Charles W. Zang.

ATE OF BIRTH (month, day, and year) May, 30, 1868

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	3	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John J. Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

Informant Mary A. Newman.

(Address) 1616 Patapsco. St.

Filed 19 C. Harrison Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2. 1928 - 12-45 A. M.

17

I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 2, 1928

that I last saw h alive on Nov 2, 1928

and that death occurred, on the date stated above, at 12-45 A m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 8 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumonia

(Signed) H. C. K. Cambreleng M. D.

Nov 3, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	Nov 5, 1928
20 UNDERTAKER	ADDRESS
A. Howard Evans	8 E Fayette

c.—2-29-28—L. F. S.—500 Bks.

E 38839

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38839

CERTIFICATE OF DEATH

58-001

1—PLACE OF DEATH 3142 Kesmeck Road (REGISTERED NO. 58)

TY OF BALTIMORE: (No. ST. 13 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lida Robinson

(a) RESIDENCE NO. 3142 Kesmeck Road. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
emale	Mulatto	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Robinson

ATE OF BIRTH (month, day, and year) Oct. 25-1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	7.	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

IRTHPLACE (city or town) Balto Co. (State or country) Md.

10 NAME OF FATHER Geo. Leese.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant L. L. Robinson

(Address) 3142 Kesmeck Road Baltimore, Md.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1928, to Nov. 2, 1928, that I last saw h alive on Nov. 2, 1928 and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? In Baltimore Co.,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. M. Stuling, M. D.

19 (Address) Fallston Harford Co. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mesh. Liberty Cemetery Baltimore Co. Md	Nov 5 1928.

20 UNDERTAKER Hartenstein Homemaker ADDRESS Md Line, Md

ec.—1-12-23—M&T—500 Bks.

E 38840

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38840

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Jackson

(a) RESIDENCE NO. 1100 McCulloh st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	13			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harry Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Reefus Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed ..... 19 ..... Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Oct. 6, 19 28, to Oct. 30, 19 28,

that I last saw her alive on Oct. 30, 19 28

and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Actinomycosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

11-1-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Nov 3rd 19 28

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38841

CERTIFICATE OF DEATH.

× 62 E 38841

REGISTERED NO.

1-PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-30 ST. WARD)

2-FULL NAME Elizabeth Compton

(a) RESIDENCE NO. Alberton Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1924

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Eli Compton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margie Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Eli Compton

(Address) Alberton Md.

Filed 8-1928 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 — 2 1928

I HEREBY CERTIFY, That I attended deceased from 11-1 .19 28 to 11-2 .19 28

that I last saw h[illegible] alive on 11-2 .19 28

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Persistant Thyro-Glossal Fistula

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Status thymico Lymphaticus (duration) 4 yrs. mos. ds.

18 Where was disease contracted (if not at place of death?) /

Did an operation precede death? yes Date of 10-2-28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Albert Phillips M. D.

.19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Front Royal, Va.

DATE OF BURIAL 11/3/28

20 UNDERTAKER Terry & Fitzhugh

ADDRESS 53 [illegible]

Corrected Cert. Filed Eugene Gallahan M.D.

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38842

CERTIFICATE OF DEATH

74-001

E 38842

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 511 Chestnut Hill Ave ST. 41-47 WARD)

2—FULL NAME Sarah S. Thompson

(a) RESIDENCE NO. 511 Chestnut Hill Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

gth of residence in city or town where death occurred 85 yrs. 4 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Abraham D. Thompson

ATE OF BIRTH (month, day, and year) June 18-1843

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	16	

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work None

b) General nature of industry, usiness, or establishment in hich employed (or employer)

c) Name of employer

IRTHPLACE (city or town) State or country) Baltimore Md

0 NAME OF FATHER Levi Marden

1 BIRTHPLACE OF FATHER (city or town) N. Y.
(State or country)

2 MAIDEN NAME OF MOTHER Roxana Brown

3 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

Informant Emma Leonhardt

(Address) 509 Chestnut Hill Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2-1928

I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Nov 2 1928

that I last saw h alive on Nov 2 1928

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hess, M. D.

11-3 1928 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Nov. 5 1928

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1446 W. Mosher

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38843

CERTIFICATE OF DEATH

44

E 38843

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 3808 Frankford Ave ST.) (WARD) 44

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sigmund Ludwig

(a) RESIDENCE NO. 3808 Frankford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 56 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug 1-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	2	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER Theodor Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Caroline Diebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Caroline Ludwig
(Address) 3808 Frankford ave

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 22nd, 1928, to Nov 2nd, 1928, that I last saw him alive on Nov 1st, 1928 and that death occurred, on the date stated above, at 7 to P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) — yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) — yrs. — mos. 2 1 ds.

18 Where was disease contracted if not at place of death? On place of death

Did an operation precede death? Yes Date of Oct 9th 1928

Was there an autopsy? No

What test confirmed diagnosis? Findings and operation

(Signed) Thos Leibel M.D.

11/3. 1928 (Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	11/6 1928
20 UNDERTAKER	ADDRESS
Philip Herwig	2016 Orleans st

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38844

CERTIFICATE OF DEATH

90

E 38844

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 203 N. Washington ST., 6-4 (WARD)

2—FULL NAME Henrietta Kron

(a) RESIDENCE NO. 203 N. Washington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth 45 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: late Chas. Kron

DATE OF BIRTH (month, day, and year): Nov 4/57

AGE: Years 70 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Midwife

(b) General nature of industry, business, or establishment in which employed (or employer): Herself

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Adolph Magnus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Fred Seelon

(Address) 203 N. Washington St

Filed 4 ..., 19 ... NOV 4 1928 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2/28

17 I HEREBY CERTIFY, That I attended deceased from about ..., 1923, to Nov 2, 1928, that I last saw h er alive on Oct 31, 1928, and that death occurred, on the date stated above, at 3 05 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Bronchonia

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) S. T. Rorer M. D.

, 19 (Address) 1904 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cem.

DATE OF BURIAL: 11/5 1928

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans St

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38845 — CERTIFICATE OF DEATH — 49 — E 38845

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 419 N. Castle ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Musil

(a) RESIDENCE NO. 419 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Musil

DATE OF BIRTH (month, day, and year): Sept. 30-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: Joseph Musil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: Rose Musil

(Address) 419 N. Castle st.

Filed 1928, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1928 to Nov. 2 1928

that I last saw him alive on Nov 2 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder (primary)
right lumbar (metastatic)

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure
cachexia (duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray right lumbar

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem

DATE OF BURIAL: 11/5 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans st

No. 1-12-23—M&T—500 Blks.

38846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00 2

E 38846

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Patrick Kennedy

(a) RESIDENCE NO. Preston & Valley ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown.

73 Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland, Co Ld

10 NAME OF FATHER William Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sophia Boden

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Little Sisters of the Poor Preston & Valley Sts

Filed NOV 1 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1928 to Oct 28 1928, that I last saw h[illegible] alive on Oct 28 1928, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Arteri sclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Winer, M. D.

Nov 2, 1928 (Address) 1133 Reed St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Mar Cem — DATE OF BURIAL: 11-4-1928

20 UNDERTAKER: Daniel Carter — ADDRESS 916 Ca ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38847

CERTIFICATE OF DEATH.

51

E 38847

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 N. Fremont St. 7-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hubert Frates

(a) RESIDENCE NO. 503 N. Fremont St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Frates

6 DATE OF BIRTH (month, day, and year): Nov 20/1866 2-11-72

7 AGE: Years 61 Months 6 Days 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Maker.

(b) General nature of industry, business, or establishment in which employed (or employer): 48

(c) Name of employer: 0

9 BIRTHPLACE (city or town): France.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): France

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): France

(State or country)

14 Informant: Margaret Frates

(Address): 503 N. Fremont

15 Filed..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Clark M. D.

(Coroner)

Nov 3 1928 With Dr. Downes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. ..... mos.,..... ds. In the State..... yrs.. ..... mos.,..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 19

20 UNDERTAKER: Geo W Little — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38848

CERTIFICATE OF DEATH.

74-001

E 38848
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2915 St Paul ST. 15-50 (WARD)

2-FULL NAME Dr Leonard Gelsthell

(a) RESIDENCE No. 2915 St Paul ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeanne Gelsthell

6 DATE OF BIRTH (month, day, and year): Aug 30, 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
46	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno G Gelsthell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Jane Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Jeanne Gelsthell 2915 St Paul St

15 Filed NOV 4 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Nov 2, 1928; that I last saw him alive on Nov 2, 1928, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): arterio sclerosis and Hy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) G. Lahode Ewell, M. D.

11-3, 1928 (Address) 2945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 5/ 1928

20 UNDERTAKER: George H Little

ADDRESS: 1128 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38849

CERTIFICATE OF DEATH.

74 E 38849

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 15-58 (WARD)

2-FULL NAME Mrs Eva Danicke

(a) RESIDENCE No. 2670 Oswego Ave ST.- WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Danicke

6 DATE OF BIRTH (month, day, and year) 1878 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Berel Kapahe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Libie Lerner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mr Wm. Danicke

(Address) 2670 Oswego Ave

15 Filed 1928 C. HAMBLETON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-30, 1928, to 11-3, 1928.

that I last saw h[illegible] alive on 11-3, 1928

and that death occurred, on the date stated above, at 1 15 a m.

The CAUSE OF DEATH* was as follows:

Embolism of brain and anuria

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Bilateral Ovarian cyst

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of no

Was there an autopsy? no.

What test confirmed diagnosis? Biopsy of tissues

(Signed) Reinhold M. Erikson M. D.

11/3, 1928 (Address) St Agnes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 11/4 1928

20 UNDERTAKER Jack Levin 1439 E Balt

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

38850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38850

REGISTERED NO. C

1-PLACE OF DEATH Southern Hospital & Home

CITY OF BALTIMORE: (No. 2520 Germantown Ave St.) (17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Worden

(Residence in Baltimore: No. 2520 Germantown Ave St.: Leftw. ... mon. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 10 (Day), 1849 (Year)

7-AGE, 78 yrs. 6 mos. 23 da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Worden

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Catherine Carr

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances M Worden

(Address) 617 Dunbarton Ave

15- Filed ... 191... NOV 4 - 1928 ... Registrar.

G HARRY JONES M D

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3 (Month) (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 29 1928, to Nov 3 1928, that I saw h[illegible] alive on Nov 2 1928, and that death occurred, on the date stated above, at 7:40 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Insufficiency

Unknown (Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. ... da.

(Signed) W. H. Guarnieri M. D.

..., 191... (Address) 2439 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State Life yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, NOV 5, 1928

20-UNDERTAKER William Cook

ADDRESS 502 E North

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38851

CERTIFICATE OF DEATH

E 38851

90

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 234 Laurens ST. (WARD) 14-70

2—FULL NAME Elizabeth Johnson

(a) RESIDENCE NO. 234 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word)

male | Wht | Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Catonsville Md

0 NAME OF FATHER Mckenzie

1 BIRTHPLACE OF FATHER (city or town) (State or country) Mckenzie

2 MAIDEN NAME OF MOTHER Mckenzie

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Lula Mullen

(Address) 234 Laurens St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 . 19 28 . to Nov 2 . 19 28

that I last saw her alive on Nov 2 . 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Leon Heywood, M. D.

Nov . 19 28 (Address) 1809 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11 5 1928

20 UNDERTAKER H. W. Cook

ADDRESS 522 Walbe

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38852

161-001

E 38852

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ... ST. 20-20 WARD)

2—FULL NAME Linwood O'Neill

(a) RESIDENCE NO. 3362 W. Lexington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug. 26, 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	7 6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Edward O'Neill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Adeline Helms

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

Informant Hospital Records.
(Address)

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Nov. 2, 1928, that I last saw h... alive on Nov. 2, 1928 and that death occurred, on the date stated above, at 2. P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ... yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace R. Swan Lordy, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 11/5 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

...ct.—2-29-28—L. P. S.—500 Blks.

1863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38853

CERTIFICATE OF DEATH

74-002

E 38853

REGISTERED NO.

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Peaster

(a) RESIDENCE NO. 2524 E-Hoffman ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER William Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 4 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to November 2, 1928, that I last saw her alive on November 2, 1928, and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ovaries

Embolism of pulmonary artery - Sept.

Cerebral embolism [redacted]

(duration) [redacted] yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. [redacted] mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? [redacted] No.

What test confirmed diagnosis?

(Signed) S. A. Steadstone, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov. 6 1928

20 UNDERTAKER ADDRESS

John C. Miller 2435 E. Alices

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38854

CERTIFICATE OF DEATH.

E 38854

1-PLACE OF DEATH

City of BALTIMORE: (No. 29 E. Fort Ave. St. 23-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cyrus M. Gardner.

(a) RESIDENCE NO. 29 E. Fort Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower

6a If married, widowed, or divorced, HUSBAND of (or WIFE of) Mary L. Gardner.

6 DATE OF BIRTH (month, day, and year) October 20, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired B. & O. R. R. Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Jesse Gardner.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Murry Gardner, (son)

(Address) 1513 William St.

15 Filed ..... 19 ..... M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) (Coroner), M. D.

11/3 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 11/5 1928

20 UNDERTAKER J. Fen McCully ADDRESS 1306 Fort

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38855

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 549 S. Longwood ST., 46 WARD)

REGISTERED NO. E 38855

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Paul

(a) RESIDENCE NO. 549 S. Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 30 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Paul dec'd

DATE OF BIRTH (month, day, and year) January 3-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ellicott

(State or country) Howard Co. Maryland

10 NAME OF FATHER Oliver T. Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Emma E. Exley

(Address) 549 S. Longwood St.

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

NOV 4 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2-1928

17 I HEREBY CERTIFY, That I attended deceased from August, 1928, to Nov. 2, 1928, that I last saw h alive on Nov. 2, 1928 and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Multiple carcinoma

Carcinoma of the Uterus.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emma J. Abercrombie, M. D.

, 19 (Address) 3524 Richmond Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 5 1928
20 UNDERTAKER	ADDRESS
Harry H. Almacost	4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Blks.

Benjamin C. De Vries

E 38856 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 - E 38856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST. 15-1 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin De Vries.

(a) RESIDENCE NO. 2505 Roslyn Ave ST.: WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Benj De Vries

6 DATE OF BIRTH (month, day, and year) June 10, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 yrs.	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer) M.E.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County, Md.

PARENTS

10 NAME OF FATHER Henry O. De Vries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll County, Md.

12 MAIDEN NAME OF MOTHER Louisa E. Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County, Md.

14 Informant Hospital Records.
(Address)

15 Filed . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-30 — . 1928 . to 11 - 4 . 19 28 .
that I last saw him alive on 11 - 4 . 19 28 .
and that death occurred, on the date stated above, at 2 15 — a. m.

The CAUSE OF DEATH* was as follows:

Prostatism

(duration) 8 ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - (Acute)

(duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 11-3-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Nov 6 28

UNDERTAKER [illegible] ADDRESS 2538 Marshall 3539 Fall

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38857

CERTIFICATE OF DEATH.

100-001

E 38857

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 Belvedere St. E. 2953 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A. Guetler.

(a) RESIDENCE No. 1207 Belvedere Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Guetler

DATE OF BIRTH (month, day, and year): 12-25-1863

AGE	Years	Months	Days	If LESS than 1 day ~~hrs~~ or ~~min~~.
	64	10	7 6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): 0 3 1

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Philip Geidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Kirchheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Guetler

(Address) 1207 Belvedere Av

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31 1925

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1925, to Oct 31, 1925, that I last saw her alive on Oct 31, 1925, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

(1) Cirrhosis of Liver

(2) Broncho Pneumonia

(duration) (1) 60 yrs (2) mos 16 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

Nov 2 1925 (Address) 8429 Chesterfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 11/5/25

20 UNDERTAKER: A. S. Marshall

ADDRESS: 3509 Falls Rd

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38858

CERTIFICATE OF DEATH.

48

REGISTERED NO. E 38858

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3819- Falls Road ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Cooper Sr.

(a) RESIDENCE No. 3819- Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Hines

DATE OF BIRTH (month, day, and year) 8/29/1852

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	76	2	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Balt City

(c) Name of employer Water Dept.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Arthur D. Smoot

(Address) 3819- Falls Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Nov 1, 1928, that I last saw h alive on Nov 1, 1928, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ivan Drucker, M. D.

11/3, 1928 (Address) 846 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Cem. DATE OF BURIAL 11/5/28

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Falls Rd.

NOV 3 1928 H. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38859

CERTIFICATE OF DEATH

90 E 38859

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 7-13 WARD)

2-FULL NAME Alverda Lane

(a) RESIDENCE No. 1029 No Gay ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred all my life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not Given

6 DATE OF BIRTH (month, day, and year) Apr. 3 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	58	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas. McManus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 4 - 1928 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 3 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-23, 1928, to 11-3, 1928, that I last saw her alive on 11-3, 1928, and that death occurred, on the date stated above, at 900 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute.

Myocardial insufficiency

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Chr myocarditis; Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Path

(Signed) R. M. Wood, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL Nov 6 1928

20 UNDERTAKER John Ulrich — ADDRESS [illegible]

[redacted] HARRISON JONES, M. D.

...c.—2-29-28—L. F. S.—500 Bks.

E 38860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38860

CERTIFICATE OF DEATH

9

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 12-51 ST. WARD)

2—FULL NAME Earl Reddick

(a) RESIDENCE NO. 2134 Oak ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 3, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Frank Reddick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New York

12 MAIDEN NAME OF MOTHER Ella Saunders

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Sydenham Hosp Records
(Address)

Filed NOV 4 - 1928, 19 C. HAMPSON JONES Registrar
By RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 3, 1928,

that I last saw h alive on Nov 3, 1928

and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination & Course

(Signed) S C Leachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cathegard	Nov 4 1928
20 UNDERTAKER	ADDRESS
Mrs R. A. Elliott	715 Eastlander

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38861

CERTIFICATE OF DEATH.

166 E 38861

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 20-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorretta Morris

(a) RESIDENCE NO. 2601 Frederick Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Goerge Morris

6 DATE OF BIRTH (month, day, and year) May 15/1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	5	11 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Zill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Gries

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Jacob Zill

(Address) 2601 Frederick Ave

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came other death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride mercury Poisoning

Suicide (Taken Oct 31st at 2229 1/2 E. Fayette St)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Mc... M. D.

(Coroner)

17 (Address) Nov 3/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Nov. 5 1928

20 UNDERTAKER George L. Schwartz ADDRESS 201 Park Ave.

RRR

Spec.—1-10-21—M&T—1500 Bks.

E 38862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38862

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 8-16 WARD)

2-FULL NAME Catherine Whittle

(a) RESIDENCE No. 2235 E Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Whittle

6 DATE OF BIRTH (month, day, and year) 9/14/1881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
46	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Carl Herdenbrug

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julianta Herlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Richards (Address) JOHNS HOPKINS HOSPITAL

15 Filed [illegible] .19 [illegible] C. HAMPSON JONES, M. D. Registrar

RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, .1928. to Nov 2 .1928.

that I last saw h[illegible] alive on Nov 2 .1928.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease. Myocardial failure. Hypertension. Arteriosclerosis.

CONTRIBUTORY (Secondary) (duration) 36 yrs mos ds. Hypertension.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Md.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? No

(Signed) Henry A. Hollenberg M. D.

.19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery DATE OF BURIAL Nov. 6 1928

20 UNDERTAKER George L. Schnabel ADDRESS 901 Park Ave.

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38863 E 38863

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St. 16-67 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mildred Logue

(a) RESIDENCE NO. 3014 Brighton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of John R Logue

DATE OF BIRTH (month, day, and year) Dec 17, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
29		10	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Edward S. Getter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura V. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Edw S. Getter

(Address) 2901 N North Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Nov 1, 1928, that I last saw h alive on Nov 1, 1928 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Papillary carcinoma of bladder.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyonephrosis; Septicemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At her home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Jacob J. Singer, M. D.

, 19 (Address) West Balto Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	11-5 1928

20 UNDERTAKER Wm Chas A. G. Kolb & Son ADDRESS 3327 Edmondson Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38864 E 38864

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 353 W. Preston St. 11-24 (Ward)

2-FULL NAME Geo W. Marshall

(a) RESIDENCE NO. 353 W. Preston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Marshall

6 DATE OF BIRTH (month, day and year): Apr 18 1886

7 AGE: Years 42 Months 6 Days 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country): "

10 NAME OF FATHER: Albert Marshall

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country): "

12 MAIDEN NAME OF MOTHER: Bettie Bouldon

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): "

PARENTS

14 Informant: Eva Marshall

(Address): 353 W Preston

15 Filed 1000 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2nd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Mitral Regurgitation

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H E Linck M. D.

(Coroner)

Nov 2nd 1928 Address 1 North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem Date of Burial 11 Nov 28

20 UNDERTAKER: Samuel Kennedy ADDRESS 1911

ec. 2-29-28 L. F. S.—500 Blks.

E 38865

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38865

CERTIFICATE OF DEATH

REGISTERED NO. 122-002

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 3100 Howard Park Ave. WARD) 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert H. Bell

(a) RESIDENCE NO. 3100 Howard Park Ave ST., 28 WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Bowen

DATE OF BIRTH (month, day, and year) June 13, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bedford Co Virginia

10 NAME OF FATHER Francis Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bedford Co-Va

12 MAIDEN NAME OF MOTHER Misdore Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bedford Co. Va.

Informant Roland Spurrier

(Address) 3100 Howard Park Ave

Filed ..... 19 ..... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-27, 1928, to 11-2-, 1928.

that I last saw h-m alive on 11-2-, 1928

and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Oedema of glottis

(duration) yrs mos 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) L Brooks M. D.

11-2, 1928 (Address) 2202 Whitelock

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Nov 5 1928

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1202 Whitelock

11-5-1928 C. HAMPSON JONES, M

pec.—1-12-23—M&T—500 Bks.

Mary. E. Snowden

E 38866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 E 38866

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Dolphin ST. 17-24 WARD)

2-FULL NAME Mary E Snowden

(a) RESIDENCE NO. 722 Dolphin ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Emory Snowden

DATE OF BIRTH (month, day, and year) 1851.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer) Fish

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Jerome Bishop
(Address) 1710 Druid Hill Ave

15 Filed NOV 4 1928 C. HAMPSON JONES, M.D.

16 Registrar RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3d 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2d, 1928, to Nov. 3d 1928, that I last saw h alive on Nov. 2d, 1928, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows: Coronary thrombosis.

(duration) yrs 36 hours mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of the liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Clise M. D.

11/3, 1928 (Address) 92 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 11/6 1928

20 UNDERTAKER Wm. Geo. E. Holland ADDRESS 1631 Druid Hill Ave

Loud.

38867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38867

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 608 W Biddle ST. 17-26 (WARD)

2—FULL NAME Thomas Loud

(a) RESIDENCE NO. 608 W Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

DATE OF BIRTH (month, day, and year) Oct 4 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Thomas Loud

(Address) 608 W Biddle St

Filed ..... 1928 C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Nov 2, 1928

that I last saw him alive on Nov 2, 1928

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Scirrhous Stomach
with Metastasis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Hamm, M. D.

, 19 (Address) 398 Courtland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Market Md	Nov 5 1928
20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Mount

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38868

CERTIFICATE OF DEATH.

90 E 38868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1184 Washington Blvd. (ST.) 8-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Catherine Jones

(a) RESIDENCE NO. 1184 Washington Blvd ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Henry Clay Jones

6 DATE OF BIRTH (month, day, and year): Jan. 19, 1854

7 AGE — Years: 74 — Months: 9 — Days: 15 — If LESS than 1 day, hrs. or min.: 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Calm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dora Carll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. George P. Metz 1184 Washington Blvd.

15 Filed NOV 4 1928 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-3 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1927, to Nov. 3rd, 1928, that I last saw h[illegible] alive on Nov 2nd, 1928, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart (Mitral Insufficiency)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis Insufficiency

(duration) yrs. 7 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Krampfer, M. D.

, 19 (Address) 1013 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Creek Cem. Wash. D. C.

DATE OF BURIAL: 11/5/28

20 UNDERTAKER: Harry F. Pitzke

ADDRESS: 53 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 38869 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38869

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) ST. 27-56 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Louis Paul Reynolds

(a) RESIDENCE NO. 3503 Wenlo Drive ST. Balto. Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: 61 (Years) (Months) (Days) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pykesville, Md.

PARENTS

10 NAME OF FATHER: L. Henry Reynolds.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Keene

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lilly Reynolds
(Address) 1340 Vermont Ave N.W.

15 Filed NOV 4 1928, 19 .. Washington, D.C.
C. HAMPSON Registrar
RKR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from 10-23, 1928, to 11-2, 1928, that I last saw him alive on 11-2, 1928 and that death occurred, on the date stated above, at 3 25 a m

The CAUSE OF DEATH* was as follows:

Respiratory failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Esophagus

(duration) 4 yrs. 11 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray

(Signed) Reinhold W. Stein, M. D.

, 19 (Address) St Agnes Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hope Pikesville DATE OF BURIAL 11/6 19 28

20 UNDERTAKER: P. J. Dalrymple ADDRESS 518 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 38870 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38870

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1927 Booth St. Ward) 20-28-100-001

Registered No.

2-FULL NAME. Gloria Spears

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1927 Booth St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 5 28

7-AGE. ....yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Richmond Spears

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Belle Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

11- (Informant) Richmond Spear

(Address) 1937 Booth st

15- Filed ..... 192 C. HAMPSON Jones Registrar

NOV 4 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-2-28

17- I HEREBY CERTIFY, That I attended deceased from Oct 28, 19..., to Nov 2, 28, 19...

that I last saw h.. alive on Nov 1, 28, 19...

and that death occurred, on the date stated above, at 4:40 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Chas E Bauer M. D.

, 19 (Address) 525 Gorsuch

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Nov 5 th 192 8

20-UNDERTAKER. A. Jones

ADDRESS 1115 Gilmor

Cor.—12-9-25—A Co.—200 Bks. Anna L Munter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38871 185 E 38871

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hosp. St., 4th Ward)

2-FULL NAME Anna Munter Anna Louise Munter

(a) RESIDENCE NO. 1533 Edmonson St. 2nd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 Yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Munter

6 DATE OF BIRTH (month, day, and year): July 2 1856

7 AGE: Years 72 Months 4 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Lima

(State or country): South America

PARENTS

10 NAME OF FATHER: Peter Brunos

11 BIRTHPLACE OF FATHER (city or town)

(State or country): France

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: David F. Winters

(Address): 61 Federal Ave

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar

NOV 4 - 1928 P.M. RKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Comminuted fracture Surgical neck of right femur

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Browne M. D. Coroner

11/5 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Nov 5 1928

20 UNDERTAKER: M. J. Anderson Sons ADDRESS: North Ave

E 38872

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38872

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 70-70 Ward)

Registered No. C 188-103

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hurley

(Residence in Baltimore: No. 3512 Old Frederick Road St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~. (Write the word.) Widow

6-DATE OF BIRTH. Sept 15 (Month) (Day) 1857 (Year)

7-AGE. 71 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of Industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. John Lange

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward J. Hurley

(Address) 3512 Old Frederick Rd

15-

Filed 1928 Registrar. C. HAMPSON JONES M.D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 1 (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Spine
Struck by Automobile
at Frederick Road and Wilkens
Ford car (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. H. Krough M. D. (Coroner)

Nov 3 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. 11-5 1928

20-UNDERTAKER. Wm J. Tucker & Sons ADDRESS Pa. No. Ave

...ee.—2-29-28—L. F. S.—500 Bks.

E 38873 HEALTH DEPARTMENT—CITY OF BALTIMORE

V

129 E 38873

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1-25 WARD)

2—FULL NAME Dr. John Mason Hundley

(a) RESIDENCE NO. 840 Park Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if foreign birth? 71 yrs. 9 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs J. Mason Hundley

DATE OF BIRTH (month, day, and year) Feb. 3 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) D 54

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va. Essex Co

10 NAME OF FATHER Harvey Hundley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va. Essex Co

Informant Dr. J. Mason Hundley Jr. (son)

(Address) Roland Park. City.

FILED ..... 19 ..... Registrar

HAMPSON JONES, M. D. 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3/28

17

I HEREBY CERTIFY, That I attended deceased from 10/28, 1928, to 11/3, 1928, that I last saw him alive on 11/3, 1928 and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Hypostatic "uremia", terminal pneumonia.

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ~~Chronic Nephritis~~ Broncho pneumonia (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test.

(Signed) Galen F. C. Williams, M. D.

11/3, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 5 1928.
20 UNDERTAKER Stewart Mortuary Co	ADDRESS Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38874

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 12-49 WARD)

2—FULL NAME Alexander Newell Scott Jr.

(a) RESIDENCE NO. Orlando Florida ST., WARD Orlando Fla

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if foreign birth? 0 yrs. 6 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Lyle

DATE OF BIRTH (month, day, and year) April 13, 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	22 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Orlando (State or country) Florida

10 NAME OF FATHER Alexander Scott

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine C. Newell

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

Informant Hospital Records

(Address)

Filed ..., 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4/28

17

I HEREBY CERTIFY, That I attended deceased from 10/29, 1928, to 11/4, 1928, that I last saw him alive on 11/4, 1928, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Anemia, Aplastic

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov 6, 1928.
20 UNDERTAKER Stewart Monroe	ADDRESS Balto.

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 38875

E 38875

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1709 E. Chase ST., 713 WARD)

2—FULL NAME Rebecca Clemens

(a) RESIDENCE NO. 1709 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Clemens

DATE OF BIRTH (month, day, and year) Sept 5-1874

AGE	Years	Months	Days	IF LESS than 1 day, hrs or min.
	54	1	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James S. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Adeline Noller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Charles E. Clemens

(Address) 1709 E. Chase St.

Filed NOV 5 - 1928, 19 Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH Nov 2-1928

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to Nov 2, 1928.

that I last saw h alive on Nov 2

and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute paranitrymatus nephritis

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death? 1744 Eager St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas Andrew, M. D.

11/3, 1928 (Address) Wagleden + Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 5 1928

20 UNDERTAKER George N. Zirkler

ADDRESS 1737 E Eager St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38876

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

14-001

E 38876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1118 N. Hamburg St. 18-N (Ward)

2-FULL NAME Mary Bury

(a) RESIDENCE NO. 1118 N. Hamburg St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bury,

6 DATE OF BIRTH (month, day, and year) Dec. 3rd 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Ralph Collison

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary E. Rau,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Joseph Bury

(Address) 1118 N. Hamburg

15 Filed NOV 5 1928, 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Nov 3, 1928, that I last saw h[illegible] alive on Nov 2, 1928, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lankford M. D.

, 19 (Address) 3405 Dulaney av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial 11/6 1928

20 UNDERTAKER L. Tittsworth ADDRESS 2620 E. Pratt

Spec.—12-9-25—A Co.—200 Bks.

E 38877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1928 E 38877

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Montpelier St. 4th Ward)

2-FULL NAME Walter T. Jones

(a) RESIDENCE NO. 609 Montpelier St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Angie Jones

6 DATE OF BIRTH (month, day, and year): May 3/1896

7 AGE: Years 32 | Months 6 | Days 1 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Railway Mail Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: James P. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Amelia Parr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): USA

14 Informant: Mrs. Angie Jones

(Address): 609 Montpelier st.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 4 — 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Nov. 4, 1928, that I last saw him alive on Nov 3, 1928 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Embolism of Coronary Artery

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heat Stroke Causing Blood Clot of Brain

(duration) yrs. 2 mos. 26 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Costello, M. D.

19 (Address) 335 E. 31st St. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Nov. 7 1928

20 UNDERTAKER: Jos. D. Burr — ADDRESS: 156 W. Lanvale

5-1928 JONES, M.

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38878

CERTIFICATE OF DEATH

100-001

13-59

E 38878

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2100 E Balto ST. (WARD)

2—FULL NAME Sarah Wolfe

(a) RESIDENCE NO. 2221 Whittier ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac Wolfe

DATE OF BIRTH (month, day, and year) Sept 2 1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Isaac Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Abraham Wolfe

(Address) 2221 Whittier ave

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 28.

17

I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to Nov 3, 1928, that I last saw h alive on Nov. 3, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/4, 1928 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	Nov 5 1928
20 UNDERTAKER	ADDRESS
L Jameson Bro	1127 E Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 38879

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2100 E Balto st ST., 6-9 WARD)

2—FULL NAME Sarah Manikoff

(a) RESIDENCE NO. 1632 E Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: white

5 [redacted], [redacted], Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

DATE OF BIRTH (month, day, and year): [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	-	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Jacob Manikoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Sarah Brakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Louis Manikoff

(Address) 211 Chester St.

Filed ..... 19 .....

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4/28

17

I HEREBY CERTIFY, That I attended deceased from [illegible], 19 25, to Nov 3, 19 28

that I last saw h[illegible] alive on Nov 3, 19 28

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

myocarditis arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/4, 19 28 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel Rd	11/5 19 28
20 UNDERTAKER	ADDRESS
Sol Levinson + Bro	1127 E Balto st

NOV 5 1928 CLAMPTON JONES, M. D.

Rec.—2-29-28—L. F. S.—500 Bks.

E 38880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 38880

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3711 E Baltimore ST., 16-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Tellert

(a) RESIDENCE NO. 3711 E. Baltimore ST.

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 6 mos. ds. WARD

How long in U. S., If foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 22-1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Gustave Tellert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Urm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Gustave Tellert

(Address) 3711 E Baltimore St

Filed 5 1928 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3rd 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1928, to Nov 3rd 1928, that I last saw him alive on Oct 30th 1928, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Intracranial Tumor

Cancerous Diathesis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hulbert M. D.

Nov 5 19 28 (Address) 140 E Lex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Nov 6 1928

28 UNDERTAKER: Wm C. Mullen & Son — ADDRESS: 2334 Jeffer

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38881

CERTIFICATE OF DEATH

162 E 38881

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 341 Gwynn ave ST. [illegible] WARD)

2—FULL NAME Virginia Fornier

(a) RESIDENCE NO. 341 Gwynn ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 3-1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Charles H. Fornier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie Rose Cestaro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Marie Fornier

(Address) 341 Gwynn ave

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-3, 1928, to 11-3, 1928, that I last saw h[illegible] alive on 11-3, 1928 and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward L. Cook M. D.

11/3, 1928 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL Nov 5 1928

20 UNDERTAKER Leo S. Cook

ADDRESS 1723 Pratt St Balto

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38882 × 49 E 38882

CERTIFICATE OF DEATH

1-PLACE OF DEATH Md General Hosp. REGISTERED NO. 11-24

City of BALTIMORE: (No. Madison + Howard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Fannie Downs

(a) RESIDENCE NO. Linthicum Hts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luther C. Downs

6 DATE OF BIRTH (month, day, and year): March 26, 1878

7 AGE: Years 50 Months 7 Days 8

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Harold Hodges

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha Bond

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Mrs. Downs

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1928, to Nov 3, 1928

that I last saw her alive on Nov 3, 1928

and that death occurred, on the date stated above, at 10 20 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? Home

Did an operation precede death? Yes Date of Oct 5, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. H. Kerfoot M. D.

11/3, 1928 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial Nov 5 1928

20 UNDERTAKER: John Cottrell Sons ADDRESS 1900 Eastern Ave

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38883

E 38883

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Clay Brown

(a) RESIDENCE NO. Clarmont Hotel St. Baltimore Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 15, 1870

7 AGE: Years 58 Months 1 Days 20 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cattle Broker

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER Albert C. Brown

11 BIRTHPLACE OF FATHER (City or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Elya Ellen Sollars

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant Minnie C. Brown

(Address) 453 N. Braddock St. Winchester, Va

15 Filed NOV 5 - 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 11/2/28, 19, to 11/4/28, 19,

that I last saw h[illegible] alive on 11/4/28, 19,

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

I. Lobar Pneumonia

(duration) 5 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 3 days yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winchester, Va. Date of Burial: Nov. 6, 1928

20 UNDERTAKER: John C. Mitchell & Sons. ADDRESS: 1900 Eutaw St. Bal

Any imperfection or omission of data will delay burial. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38884

CERTIFICATE OF DEATH

REGISTERED NO. E 38884

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. WARD)

2—FULL NAME Lawrence Mason

(a) RESIDENCE NO. 807 N Caehoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) 1-4-98

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	30	1	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Albert Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) USA

12 MAIDEN NAME OF MOTHER Louza Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 3 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Nov 2, 1928, that I last saw h— alive on Nov 2, 1928, and that death occurred, on the date stated above, at 3 47 a m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) C. W. Brine M. D.

11/2, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel cemetery — DATE OF BURIAL NOV 5 1928

20 UNDERTAKER Thomas E. Nelson — ADDRESS 1303 Presstman St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38885
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

187-001
15-66

E 38885
REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Abramson

(a) RESIDENCE NO. 3739 Mortonia Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Abramson

6 DATE OF BIRTH (month, day, and year) May 21, 1874.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Lithuvania

PARENTS

10 NAME OF FATHER Harris Abramson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuvania

12 MAIDEN NAME OF MOTHER Rachel Riesel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuvania

14 Informant Mrs. E. Abramson

(Address) 3739 Mortonia Rd.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said me (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of stomach, Acute Gastritis, Acute Cardiac Dilatation, Chronic Myocarditis, Caused by Cerebral Hemorrhage, Resulting from Cerebral Arteriosclerosis

(duration) 9 days yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) 2 days yrs. mos. ds.

(Signed) M. D.

(Coroner)

Nov 4, 1928 (Address) 1029 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 9 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. Date of Burial 11/5/1928

20 UNDERTAKER David Sondheim ADDRESS 115 Lombard St. Royal Ave.

NOV 5 1928

H. M. Byers, M. D. Registrar

Per

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38886

CERTIFICATE OF DEATH

161-001

E 38886

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Hillman ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby James

(a) RESIDENCE NO. 910 (Usual place of abode) Hillman ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 4. 28

AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER John Wesley James

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Wilhemina Scott

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Wilhemina James
(Address) 910 Hillman

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 4 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1928, to Nov 4, 1928, that I last saw h.. alive on Nov. 4, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) W. L. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Nov 5, 1928
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1227 Eastlan Ave

C. HAMPTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 38887

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 38887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Blunt

(a) RESIDENCE NO. 422 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 17/28

7 AGE: Years Months Days 14 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Richard Blunt

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Amanda White

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mother

(Address)

15 Filed ....., 19 .....

Registrar

NOV 5 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity- 7 mons Gestation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Allen, M. D.

(Coroner)

11/3/28 (Address) 508 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial: Nov. 5, 1928

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1726 Ashland Av

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38888 E 38888

CERTIFICATE OF DEATH.

7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 East St. 6-11 WARD)

2-FULL NAME Baby Ruth B Dudley

(a) RESIDENCE NO. 212 East ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7-1928

7 AGE Years Months 9 Days 28 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas J Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rosa Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Thomas Dudley

(Address) 212 East St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 24, 1928, that I last saw him alive on Nov 24, 1928 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) Primary yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gobbler M. D.

(Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary DATE OF BURIAL Nov 5 1928

20 UNDERTAKER Mrs R A Elliott ADDRESS 1125 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38889

CERTIFICATE OF DEATH.

112

E 38889

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2138 Smallwood St. 15-60 Ward)

2-FULL NAME Robt. L. Simmons Jr.

(a) RESIDENCE NO. 2138 Smallwood. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louisa Simmons

6 DATE OF BIRTH (month, day and year): Apr 9- 1893

7 AGE — Years: 35 Months: 6 Days: 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Mechanic.

(b) General nature of industry, business, or establishment in which employed (or employer): 016

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Robt L. Simmons

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Ida Martin

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Louisa Simmons

(Address): 2138 Smallwood

15 Filed NOV 5 1928 H. M. Byrnes, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. ds. Unknown

CONTRIBUTORY (Secondary) Error of diagnosis Unknown

(duration) yrs. mos. ds.

(Signed) H. C. Funk M. D.

Nov 2nd 1928 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: Nov 5 1928

20 UNDERTAKER: H. M. Routson ADDRESS: 2238 W North

Spec. 7-17-26—A Co.—200 Bks.

38890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 38890

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Branch and Hamilton Aves. Resp. Reg St. 96 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerhard Dohrmann

(a) RESIDENCE NO. Branch and Hamilton Aves. St. Raspeburg Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widnwed, or Divnrced, (write the word)
Male	White	Married

5a If married, widnwed, or divorced HUSBAND of (nr) WIFE of Wilhelmina Dohrmann

6 DATE OF BIRTH (month, day, and year) August 3rd, 1861

7 AGE Years 67 Months 3 Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman, Constr. Work

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wilhelmina Dohrmann

(Address) Branch and Hamilton Ave. Raspeburg

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3rd, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from 11-3-28 19... to 11-3-28 19...

that I last saw him alive on 11-3-28 19...

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Dog Fulminus

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Dr. Dudley Dutcher M. D.

19 (Address) 11-5-28 1100 Eutaw St.

*State the Disease Causing Death, or in Deaths From Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Luth. Cemetery Date of Burial Nov. 6th 1928

20 UNDERTAKER Groff Funeral Home ADDRESS Fullerton

NOV 5 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38891

CERTIFICATE OF DEATH

90

E 38891

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1611 E. Federal ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie C. Wagner

(a) RESIDENCE NO. 1611 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Wagner

7 DATE OF BIRTH (month, day, and year) July 25-1850

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Hoppert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John B. Hoppert

(Address) 1611 E. Federal st.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2/1928

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1928, to Nov 2, 1928, that I last saw h alive on Nov. 2, 1928 and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Veth M. D.

11/5, 1928 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 11/6 19 28

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 38892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38892

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 N. Carey St., 18-26 Ward)

2-FULL NAME Louis Jas. Williams.

(a) RESIDENCE NO. 513 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Williams

6 DATE OF BIRTH (month, day and year): 1873

7 AGE: Years 55 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): A. A. Co. Md

(State or country)

10 NAME OF FATHER: Geo. Williams

11 BIRTHPLACE OF FATHER (city or town): A. A. Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): A. A. Co.

(State or country) Md.

PARENTS

14 Informant: Estella Rideout

(Address) 513 N. Carey

15 Filed Nov 5 1928, 19 HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 3rd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Nov 3rd 1928 F. C. Luch M. D. (Coroner)

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery Date of Burial: Nov 6, 1928

20 UNDERTAKER: Mrs. [illegible] R. Williams ADDRESS 323 Schroeder St

Spec.—1-10-21—M&T—1500 Bks.

E 38893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38893

CERTIFICATE OF DEATH.

24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Bayard (St.) 21-28 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Matthews.

(a) RESIDENCE NO. 1305 Bayard ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) N.D.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James Matthews

11 BIRTHPLACE OF FATHER (city or town) Montgomery Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Mahoney

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14

Informant Emily Jiggetts

(Address) 1305 Bayard St

15

Filed ..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1928, to Nov. 3, 1928,

that I last saw h[illegible] alive on Nov. 2, 1928

and that death occurred, on the date stated above, at 7:55 A. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Murray Strong, M. D.

Nov 3, 1928 (Address) 12 [illegible] Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int. Auburn Cemetery — DATE OF BURIAL: Nov 6, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

NOV 5 - 1928 C. HARRISON JONES M.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 38894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3409 Calon Ave. 7-55 ST. WARD 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy E. Wallace

(a) RESIDENCE. No. 3409 Calon Ave. ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer Long

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Georges Balto. Co. Md

12 MAIDEN NAME OF MOTHER Isabell Hughes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northumberland Co. Va

14 Informant Isabelle Wallace

(Address) 3409 Calon Ave

15 Filed , 19

C. HAMPSON [illegible]

NOV 5 - 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1 , 1928 , to Nov. 2 , 1928 , that I last saw her alive on Nov. 2 , 1928 , and that death occurred, on the date stated above, at 6 55 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Pthysis

Uncertain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What lest confirmed diagnosis?

(Signed) G. N. Beckley , M. D.

, 19 (Address) 3337 Belvedere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bt. Lake Cemetery — DATE OF BURIAL: Nov. 5, 1928

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 E. Lanvale St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38895

CERTIFICATE OF DEATH.

× 177 E 38895

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mulford Peterson

(a) RESIDENCE NO. Cockeysville, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nona Peterson

6 DATE OF BIRTH (month, day, and year) Feb 22/1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Expressman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Queen's Ann Co

PARENTS

10 NAME OF FATHER Anthony Peterson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Annie Little

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyo-pneumonia-pericarditis result of rupture of Oesophagus (accident)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stricture of oesophagus following taking lye by mistake Jan. 28

(Signed) Jos H Carroll M. D.

11/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill, Towson Md Date of Burial Nov 6/28

20 UNDERTAKER W.C. Brooks & Son ADDRESS Sparks, Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38896

CERTIFICATE OF DEATH.

159-001

E 38896

REGISTERED NO. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Lemmon St. (Ward)

2-FULL NAME Elmer Leace

(a) RESIDENCE No. 1712 Lemmon St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David E Leace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Penenengder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant David E Leace

(Address) 1712 Lemmon st

15 Filed NOV 5 1928 . 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1928. to Nov 4th 1928.

that I last saw h alive on Nov. 2nd 1928

and that death occurred, on the date stated above, at 6 00 a.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus.

(duration) yrs. 11 mos — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W Thompson M. D.

(Address) 1012 Poplar Grove.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	11/5/28

20 UNDERTAKER Joseph A Daley ADDRESS Fulton & Fayette

Spec.–7-17-26—A Co.—200 Bks.

E 38897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 E 38897

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1603 Argyle St. 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Davis

(a) RESIDENCE NO. 1603 Argyle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marion Davis

6 DATE OF BIRTH (month, day, and year): Aug. 3rd - 1882

7 AGE: Years 46 Months 2 Days 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Davis

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Caroline Bell

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Marion Davis

(Address) 1603 Argyle St.

15 Filed ..... 19 ..... Registrar

NOV 5 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 11-2-28

17 I HEREBY CERTIFY, That I attended deceased from 8/20/28 to 11/2-28 19

that I last saw h— alive on 11/2/28 19

and that death occurred, on the date stated above, at 11.50P m.

The CAUSE OF DEATH* was as follows:

Pul Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) few weeks ds.

18 Where was disease contracted if not at place of death? 1603 Argyle St

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. N. Bolton M. D.

19 (Address) 1618 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Thomas Cem. Date of Burial 11 5 28

20 UNDERTAKER: Samuel Beasley ADDRESS 1 Addison

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38898 HEALTH DEPARTMENT—CITY OF BALTIMORE

24 E 01 E 38898

CERTIFICATE OF DEATH

1—PLACE OF DEATH —2

REGISTERED NO.

CITY OF BALTIMORE: (No. 212 E Barney ST 24-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth F Lowe

(a) RESIDENCE NO. 212 E Barney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Lowe

DATE OF BIRTH (month, day, and year) Feb 9th 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	69	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Owen Mcball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bessie Mcball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Celia Rhoads

(Address) 175 Barney St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926 to Nov 3, 1928

that I last saw h alive on Nov 3, 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. C. L. Campbell, M. D.

Nov. 5, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem Co	Nov 6 1928
20 UNDERTAKER Margaret D Flynn	ADDRESS 1422 Light

Spec.—2-29-28—L. F. S.—500 Bks.

E 38899 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38899

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2052 Aiken ST., 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marx A. Springer

(a) RESIDENCE NO. 2052 Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie F. Springer

DATE OF BIRTH (month, day, and year) May 22. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Lillie F Springer

(Address) 2052 Aiken St

Filed Nov 5 - 1928, 19 HAMILTON JOHN M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25 1928, to Nov 2nd 1928, that I last saw h in alive on Nov 2nd 1928 and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. 1 ds.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Jungerstock III M. D.

11/3/ 1928 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 11 5 1928

20 UNDERTAKER Wilson Cook — ADDRESS 507 E Lafayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38900

CERTIFICATE OF DEATH

100-001 ✓ E 38900

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2924 Hartsdale Rd ST., 1-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis H. Hammond

(a) RESIDENCE NO. 2924 Hartsdale Rd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Hammond

DATE OF BIRTH (month, day, and year): Dec 11 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Live Stock Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Dominic Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Emanuel Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Frank H. Hammond

(Address): 2924 Hartsdale Rd

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1925, to Nov. 3, 1928, that I last saw him alive on Nov. 3, 1928 and that death occurred, on the date stated above, at 10 P m.,

The CAUSE OF DEATH* was as follows:

Cirrhosis

(duration) one 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Keen, M. D.

11-3, 1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 11/6 1928

20 UNDERTAKER: Wm. H. Cook

ADDRESS: 503 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 38901

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 38901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 18-29 WARD)

2-FULL NAME Charles Mertz

(a) RESIDENCE NO. 935 Hollins St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Mertz

6 DATE OF BIRTH (month, day, and year) June 23. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Various

9 BIRTHPLACE (city or town) (State or country) Z. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Effie Mertz

(Address) 935 Hollins St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928, to Nov. 4, 1928,

that I last saw him alive on Nov. 4, 1928

and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis with myocardial infarct.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Rupture of myocardium with Hemorrhage in pericardium (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Elizabeth B. Sherman M. D.

11/4, 1928 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine

DATE OF BURIAL 11/6 1928

20 UNDERTAKER Wm Cook

ADDRESS 3??? E. Mt. Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38902

CERTIFICATE OF DEATH.

100-001 E 38902

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 116 N. Lee St. 12-30 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Aagesen.

(a) RESIDENCE NO. 116 N. Lee St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 4, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John E. Aagesen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Norway.

12 MAIDEN NAME OF MOTHER Clara Kirschnick.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Clara Aagesen. (mother)

(Address) 116 N. Lee St.

15 Filed ..... 19 ..... Registrar

Key Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

unknown.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

11/5, 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State ..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial 11/5 1928

20 UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort

NOV 5 1928 Registrar

Spec.—1-12-23—M&T—500 Bks.

E 38903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

54 E 38903

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOS...

CITY OF BALTIMORE. (No. 92-30 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benny White

(a) RESIDENCE NO. 500 Bo Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Eva

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Relative (Address) BALTIMORE CITY HOS...

15 Filed 5-1928, 19 J. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 3 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-19, 1928, to 11-3, 1928, that I last saw him alive on 11-3, 1928, and that death occurred, on the date stated above, at 9 20 P. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stat. Psychiatrist

(Signed) H. M. Hatch M. D.

(Address) BALTIMORE CITY H...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Boston. DATE OF BURIAL 20 Oct 1928

20 UNDERTAKER F A Lawrence & Son ADDRESS 703 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38904

CERTIFICATE OF DEATH

43 E 38904

1—PLACE OF DEATH

REGISTERED NO. 27-46

CITY OF BALTIMORE: (No. 2901 Overlandave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Fischer

(a) RESIDENCE NO. 2901 Overlandave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Fischer

DATE OF BIRTH (month, day, and year) June 30 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER McAirus Eder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosenanna Lokender

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Andrew Fischer
(Address) 2901 Overlandave

15 Filed NOV 5 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct — 1926, to Nov 3 — 1926.

that I last saw her alive on Nov 2 — 1928

and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Squamous) of Root of tongue

(duration) 2 yrs. — mos. ds.

CONTRIBUTORY (Secondary) General Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Marion O'Bruno M. D.

(Address) 1215 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	Nov 6 1928

20 UNDERTAKER Martin W E Dugpell ADDRESS 3 E Lexington

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38905

CERTIFICATE OF DEATH

31 E 38905

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 124 N Belnord Ave WARD) 6-10

2—FULL NAME Cecilia Ostermann

(a) RESIDENCE NO. 124 N Belnord St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henery Ostermann

3 DATE OF BIRTH (month, day, and year) Nov 25-1893

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John Snoft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Hight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

4 Informant Henery Ostermann

(Address) 124 N Belnord

5 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to Nov 6, 1928, that I last saw h[illegible] alive on Nov 2, 1928 and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Malignancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

Nov 6, 1928 (Address) 1450 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov 6 1928

20 UNDERTAKER Morton W E Dipple — ADDRESS 31 S Carey

HAMPTON JONES, M.

Spec.—1-12-23—M&T—500 Blks.

E 38906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 E 38906

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5206 Elmer Ave ST. 27-6 WARD)

2-FULL NAME Helena L. Smith

(a) RESIDENCE NO. 5206 Elmer Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Smith

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	5-4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS.

10 NAME OF FATHER John L. Culberson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Helen Smith, Daughter 5206 Elmer Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 28, to Nov. 3, 19 28,

that I last saw her alive on Nov. 3, 19 28,

and that death occurred, on the date stated above, at 9 20 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Myocardial Insuff.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin & Lab

(Signed) Howard A. Ford, M. D.

Nov. 5, 19 28 (Address) 735 N. Bethel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 8, 1928

20 UNDERTAKER: Edward L. Goodwin — ADDRESS: 927 E. Eager St.

NOV 5 1928 H. A. HAMPSON M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38907

CERTIFICATE OF DEATH.

66 E 38907

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold R Lawing

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed , 19 Registrar

2930

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) ..... yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) E L Faustin M. D.

(Coroner)

3/11, 19 (Address) 143 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

C. HAUBEN Jones, M. D. Commissioner Health

NOV 5 1928 MORGUE

UNIVERSITY OF MARYLAND

Nov 5 - 1928

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38908

CERTIFICATE OF DEATH.

E 38908

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 921 Gaudy St., 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Laville (Handed Reported)

(a) RESIDENCE NO. 921 Gaudy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 60 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Unknown

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19..... Registrar

2928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) E L Lawshe (duration) yrs. mos. ds.

Attended from ..... to ..... M. D.

(Coroner)

, 19 (Address) 1437 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Potters Field Date of Burial 10/30/28, 19

20 UNDERTAKER: E. Pennington ADDRESS: 98 Pennington Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38909

CERTIFICATE OF DEATH.

SE 38909

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital 23-31 Ward)

2-FULL NAME M Goldman

(a) RESIDENCE NO. Plum Alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19 Registrar

1929 THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Fall.

Fractures

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

3/2 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

NOV 3 1928 H. Hamilton Jones M.D. Commissioner of Health

NOV 5 - 192

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Murphy

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 38910

101-001

E 38910 CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Mulberry ST.) (WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patrick Murphy

(a) RESIDENCE NO. 612 Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U. S.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Mrs. Murphy)

(Address) 612 Mulberry St.

15 Filed 2934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Nov 3 1928.

that I last saw him alive on Nov. 2, 1928

and that death occurred, on the date stated above, at 1.05A m.

The CAUSE OF DEATH* was as follows:

Renal Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) –

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin. Exam

(Signed) Hans E. Myers M. D.

11/3, 28 (Address) 1006 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health.

UNIVERSITY OF MARYLAND. NOV 5 - 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

918 B 38911 — 49 E 38911

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2748 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aloysius - Thomas Benzinger -

(a) RESIDENCE NO. 710 E - Eversham ST., Ca — WARD
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) S-26-69

7 AGE	Years	Months	Days 8	If LESS than 1 day, ...hrs. or min.
	5-9	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Hall 09

(b) General nature of industry, business, or establishment in which employed (or employer) Supervisor of Controls Bureau of Receipts

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Benzinger

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Rose Fuchsman

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Friends -
(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 19 . to Nov 4, 19 28.

that I last saw him alive on Nov 4, 19 28

and that death occurred, on the date stated above, at 3.09 p m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Oct 20

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M.D.

Nov 4 28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11 6 1928

20 UNDERTAKER Henry W. Mears & Son ADDRESS 505 N Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 38912 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 38912

45

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 19-46 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W. Irving Morgan

(a) RESIDENCE NO. 2731 Fenwick Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Loretta M. Massicott ~~Morgan~~

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1875

7 AGE: Years 53 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~Shipping Clerk~~ Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): Westinghouse

(c) Name of employer: Electric Co.

9 BIRTHPLACE (city or town) (State or country): Westminster Md.

PARENTS

10 NAME OF FATHER Charles Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Loretta M. Morgan

(Address) 2731 Fenwick Avenue

15 Filed .19 Registrar

J. C. HAMPSON JONES, M. D.

per aon

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1928, to Nov 4th, 1928, that I last saw h alive on Nov. 4th, 1928, and that death occurred, on the date stated above, at 4.55 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Caecum.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Nov 1st

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. G. Warner, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 11/7, 1928

20 UNDERTAKER: Henry H. Mears — ADDRESS: 1505 W. Lafayette

Spec.—1-12-23—M&T—500 Blks.

(Senft)

E 38913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 405 N. Streeper St. 129

CITY OF BALTIMORE: (No. 6-11 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Senft

(a) RESIDENCE NO. 405 N. Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Jane Senft

6 DATE OF BIRTH (month, day, and year) March 6 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Ely Manser (Address) 405 N Streeper St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1928 to Nov. 7 1928

that I last saw h~~im~~ alive on Nov. 7 1928

and that death occurred, on the date stated above, at 7 35 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, endocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, arteriosclerosis, (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Sobieski M. D.

19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Nov 6 1928

20 UNDERTAKER J. G. Moran ADDRESS 3100 E Baltimore

OR C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 38914

2197 30

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38914

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (or) WARD)

2-FULL NAME Faye Marley

(a) RESIDENCE NO. 1713 Encore Ave — ST., WARD Columbia S. Car

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Columbia (State or country) South Carolina

PARENTS

10 NAME OF FATHER Eugene Marley

11 BIRTHPLACE OF FATHER (city or town) (State or country) U-C —

12 MAIDEN NAME OF MOTHER Celeste Bethea

13 BIRTHPLACE OF MOTHER (city or town) S-Car -

(State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Nov Registrar

1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Nov. 4, 1928, that I last saw h alive on Nov. 4, 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) C. C. Hampson Jones, M. D.

11/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greensboro N. Carolina	Nov. 5 1928
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	Baltimore St. & Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38915

CERTIFICATE OF DEATH.

197 E 38915

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 4-26 Ward)

2-FULL NAME Shady Polite

(a) RESIDENCE NO. 699 W Mulberry. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years 32- Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Florida

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 Informant Hosp (Provident) Record

(Address) Division St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Pistol wound of Abdomen involving Kidney and Liver

Killed by officers in self defense (Duration) yrs. mos. hrs.

(Duration) Dec. mos. ds.

Oct 24th 1928 Florida M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? In alley near Edmondson Ave

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial NOV 5 - 1928 19

20 UNDERTAKER ADDRESS

C. HARRISON Jones, M. D. Commissioner Health

For Wm. F. Kibler, C.

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38916

CERTIFICATE OF DEATH.

× 199 E 38916

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Knott

(a) RESIDENCE NO. Pikesville, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant University Hospital

(Address) Balto. Md.

15 Filed....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.
Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

11/4 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 300 Block N. Pearl St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial 19

20 UNDERTAKER ADDRESS

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38917 ✓ 203 188-203 E 38917

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 75-72 Ward)

2-FULL NAME Ada Wener

(a) RESIDENCE NO. Frederick St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 18 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	18	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Student

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Clarke Wener

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Schwaght

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) O Fus

14 Informant Clarke Wener

(Address) Brunswick Md

15 Filed ..... 19.. C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Struck by Automobile on Frederick Pike near West Friendship

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas Broyles M. D.

(Coroner) 3rd Dist

11/5 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Frederick Md Date of Burial Nov 7 1928

20 UNDERTAKER C. H. Fite & Son ADDRESS Brunswick Md

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 38918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38918

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Street Greenspring Ave 15-58 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Catherine Schaefer

(a) RESIDENCE NO. 4010 Greenspring Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adolph Schaefer

6 DATE OF BIRTH (month, day, and year): Sept. 9, 1844

7 AGE: Years 84 Months 1 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Andrew. Egert. (Address) 4010 Greenspring ave

15 Filed 19 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 2, 19 28. to Nov 4, 19 28.

that I last saw her alive on November 3, 19 28.

and that death occurred, on the date stated above, at 10 1- m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 1 yrs 0 mos 0 ds

CONTRIBUTORY (Secondary) Epithelioma

(duration) 2 yrs 0 mos 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

19 (Address) 119 Light St. Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: Nov 6 19 28

20 UNDERTAKER: Chas Mus John W Teufel & Son — ADDRESS: 501 N Fayette

THIS IS VERY IMPORTANT—See INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Blks.

E 38919 ✓ E 38919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St. Agnes Hospital St. W. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Cofrau

(a) RESIDENCE No. 1820 W. Fayette St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mn.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Cofrau

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: 67 (Years / Months / Days; If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Cofrau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Mrs. Matilda Cofrau

(Address) 1820 W. Fayette St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1928, to 11-3, 1928, that I last saw him alive on 11-3, 1928 and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Respiratory Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Cardiac Portion of Stomach (duration) 0 yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Physical Exam

(Signed) Kenneth M. Lewis, M. D.

, 19 (Address) St. Agnes Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York

DATE OF BURIAL: 11-25 19

20 UNDERTAKER: Harry A. Wetzel, 1501 N. Carey St

ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 38920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38920

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 W. Pratt St. ST. 20-28 (WARD)

2-FULL NAME Lillian M. Carson

(a) RESIDENCE NO. 1931 W. Pratt St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Late George M. Carson

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1865

7 AGE Years	Months	Days 11	If LESS than 1 day, hrs. or min.
63	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Paul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Bessie M. Weibe

(Address) 1931 W. Pratt St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 19 27, to Nov 3, 19 28

that I last saw h alive on Nov 2, 19 28

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical only

(Signed) J. T. Mitchell M.D.

11/5, 19 28 (Address) 1729 K Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park

DATE OF BURIAL 11/6 19 28

20 UNDERTAKER F. J. Weyler, 1534 Lombard

ADDRESS

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 38921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38921

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Aisquith ST. 10-14 WARD)

2-FULL NAME Ida R. Sanders

(a) RESIDENCE NO. 1234 Aisquith ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Louis C. Sanders

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 33 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James B. Reardon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lottie Donohue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Louis C. Sanders. (Address) 1234 Aisquith St.

15 Filed . 19 RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 . 1928 . to Nov 5 . 1928 .

that I last saw her alive on Nov 5 . 1928

and that death occurred, on the date stated above, at 905 A M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Patient 6 months pregnant)

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(duration) yrs mos 1½ hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Thos R. Knight, M. D.

Nov 5 1928 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov. 8 1928

20 UNDERTAKER: Ernest W. Conklin — ADDRESS: 924 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 38922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38922

CERTIFICATE OF DEATH

100-091

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO. 18-74

CITY OF BALTIMORE: (No. [redacted] ST., [illegible] WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Hett or Gokel

(a) RESIDENCE NO. 963 Lemon ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of: wid

6 DATE OF BIRTH (month, day, and year): Jan 1st 1853

7 AGE: 75 Years | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James Christenfeldt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lana Gokel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed [illegible] 19 28 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-2-28

17 I HEREBY CERTIFY, That I attended deceased from 4-4 . 1927 . to 11-2 . 1928 .

that I last saw he alive on 11-2 . 1928

and that death occurred, on the date stated above, at 5:01 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) arteriosclerosis - senility

unknown (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) H. H. Mock M. D.

19 . 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 5 28

20 UNDERTAKER: F. S. Wolfert, 1850 W. Balto St — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38923

CERTIFICATE OF DEATH.

E 38923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 921. Eastern ave. St.) (3-5 WARD)

REGISTERED NO. 172

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Lusaia

(a) RESIDENCE NO. 921. Eastern ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: White. 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Maria Lusaia

6 DATE OF BIRTH (month, day, and year): June 19. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	71.	4.	14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Knife Maker.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Frank Lusaia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Gardania

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Anna Mary 1818. Gough St.

15 Filed 1928 Registrar

C. HAMPSON [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 3, 1928, that I last saw h[illegible] alive on Nov 3, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Volentine 6, M. D.

Nov 5 1928 (Address) 14 So Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 6. 1928.

20 UNDERTAKER: Wendell J Hippel — ADDRESS: 300 Eden

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38924

CERTIFICATE OF DEATH.

Cossentina 3-5

197 E 38924

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fabiano Cossentina

(a) RESIDENCE NO. 315 S. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Cossentina

6 DATE OF BIRTH (month, day, and year) March 20/1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City, Md.

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Raperal Cossentina

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Philmenia Epsisto

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Anthony Cossentina

(Address) 913 Eastern Ave

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) autopsy find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- Pistol shot wound

(Homicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Inquest Nov 6/28)

(duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

(Coroner)

11/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Dolly Redemy Nov. 6 1928

20 UNDERTAKER Wendell J. Lippel ADDRESS 300 E. Eden St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 38925 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38925

CERTIFICATE OF DEATH.

74-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME alice Jones

(a) RESIDENCE NO. 6108 York Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE colored 5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years 64 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work cook.

(b) General nature of industry, business, or establishment in which employed (or employer) 0?1

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Hospital Records (Address) [redacted]

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 19 25

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1925, to Nov 5, 1925, that I last saw her alive on Nov 5, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Hypertension ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) W. Massina, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Jones DATE OF BURIAL Nov 6 19 25

UNDERTAKER Thomas Enright ADDRESS 1364 Mass

THIS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38926

21912 E 38926

CERTIFICATE OF DEATH.

X 154-002

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Matthews —

(a) RESIDENCE NO. 2824 Christopher ST., Av. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-20-25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D. C. —

PARENTS

10 NAME OF FATHER Thos. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa —

12 MAIDEN NAME OF MOTHER Anna Sieffert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Nenas —

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1928, to Nov. 4, 1928,

that I last saw her alive on Nov. 4, 1928,

and that death occurred, on the date stated above, at 8 15 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart

Life (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) T. C. Goodwin, M. D.

11/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Nov 6. 1928

20 UNDERTAKER: Geo. F. Kuth.

ADDRESS: 1735 Hanford

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38927

CERTIFICATE OF DEATH

47

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 N. Chester ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Dignan.

(a) RESIDENCE NO. 1914 N. Chester ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: D. Dignan

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Dietz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna Dignan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary. Brown

(Address) 2626 Harford ave.

15 Filed 6 1928, 19 — Registrar

6 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 4-1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to Nov. 4, 1928,

that I last saw her alive on Nov. 3, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast
with general metastasis

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of June-1927

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hayden, M. D.

11/5/1928 (Address) 1216 N. Carolina st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemetery	Nov. 7 1928
20 UNDERTAKER	ADDRESS
Geo. J. Ruth	1735 Harford ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38928

CERTIFICATE OF DEATH.

E 38928

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 5308 Ivanrose Rd - 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Sewell Clarke

(a) Residence No. 5308 Ivanrose Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Augustus Clarke

6-DATE OF BIRTH (month, day and year) Nov. 25th 1851

7-AGE. 76 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore.

PARENTS:

10-NAME OF FATHER, Robert Brown Jr.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Scotland

12-MAIDEN NAME OF MOTHER, Elizabeth A. Sewell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore.

14- (Informant) Mr. Carroll Clark

(Address) 5308 Ivanrose Rd

15- Filed, NOV 6 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-3-28.

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1928 to Nov. 3rd, 1928

that I last saw h[illegible] alive on Nov. 3rd, 1928

and that death occurred, on the date stated above, at 9.20P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hampson Jones M. D.

, 19 (Address) 28 W 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Nov 6, 1928

20-UNDERTAKER, Jno. J. Sudbrink Sons ADDRESS N. Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

E 38929 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38929

CERTIFICATE OF DEATH.

45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST. 16-68 WARD)

2-FULL NAME Birdie E. Jeffery.

(a) RESIDENCE No. 2430 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ E. Vincent Jeffery

6 DATE OF BIRTH (month, day, and year) 9-14-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	One	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Kuper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Henrietta Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records. (Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 19 28 to Nov 4, 19 28.

that I last saw her alive on Nov 4, 19 28,

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid colon.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of Oct. 29, 28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Thos. A. Thompson, M. D.

(Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Nov 7 1928

20 UNDERTAKER Wm. J. Tickner Sons ADDRESS N. & Pa.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 38930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 38930

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 W. Saratoga ST., (WARD) 14

2-FULL NAME Mary Davis Brackett

(a) RESIDENCE NO. 1821 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Brackett

6 DATE OF BIRTH (month, day, and year) Jan. 5 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	79	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portsmouth R.I.

PARENTS

10 NAME OF FATHER Andrew Wilmouth

11 BIRTHPLACE OF FATHER (city or town) (State or country) At Sea

12 MAIDEN NAME OF MOTHER Clarissa Albro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Mary Elizabeth Brackett

(Address) 1821 W. Saratoga St.

15 Filed 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 15 1928, to Nov 3 1928, that I last saw h alive on Nov 3 1928, and that death occurred, on the date stated above, at 8.15 P m

The CAUSE OF DEATH* was as follows:

Arterial Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy.

(duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lemmon M. D.

, 19 (Address) 3409 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynn Mass. DATE OF BURIAL Nov 7 1928

20 UNDERTAKER Wm Wickner Sons ADDRESS North Pa

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38931

E 38931

CERTIFICATE OF DEATH

90

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 E. 25th ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Teresa E. Crow

(a) RESIDENCE NO. 113 E. 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70+ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of J. M. Crow

6 DATE OF BIRTH (month, day, and year) Nov. 3 - 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Owen Malone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elisham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

11 Informant Family

(Address) 113 E. 25th St.

15 Filed NOV 6 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/3/28.

17 I HEREBY CERTIFY, That I attended deceased from 4/3/28 to 11/3/28 that I last saw h[illegible] alive on 11/3/28 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No -

What test confirmed diagnosis? ~

(Signed) [illegible] M. D.

(Address) 321 - E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct. 7, 1928

20 UNDERTAKER John A. Moran

ADDRESS 3000 E. Balt. St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38932

CERTIFICATE OF DEATH

90

REGISTERED NO. E 38932

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Calbert

(a) RESIDENCE NO. 103 Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divoreed, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 886

7 AGE: Years 42 | Months 3 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md.

PARENTS

10 NAME OF FATHER: William Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gettysburg Pa

12 MAIDEN NAME OF MOTHER: Fannie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Flint Hill Va

14 Informant: Ward & Chambers

(Address): 1554 Bruce St

15 Filed ....., 19 .....

C. HAMPSON COOKE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-3-28

17 I HEREBY CERTIFY, That I attended deceased from 10-28 19 28 to 11-3 19 28

that I last saw h alive on 11-3 19 28

and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. C. Carlson M. D.

11/4 19 28 (Address) Coombs Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov 6, 1928

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 3221 Schroeder St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38933

CERTIFICATE OF DEATH

63 E 38933

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Chester ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert J. Jordan

(a) RESIDENCE NO. 301 S. Chester ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs 11 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Jordan

6 DATE OF BIRTH (month, day, and year) Nov. 17 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman at Gibbs

(b) General nature of industry, business, or establishment in which employed (or employer) Preserving Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John T. Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hannah Ortlip

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Port Deposit Md

14 Informant Regina Jordan Wife

(Address) 721 S. Third St.

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17 . 1928 . to Nov. 3 . 1928 .

that I last saw h/m alive on Nov. 3 . 1928

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Addison's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Autopsy Date of Oct. 17. 28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Joseph L. Dorsey M. D.

. 19 (Address) 300 S. Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 7 1928

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38934 — 1—PLACE OF DEATH

31 E 38934 — REGISTERED NO.

12-49

CITY OF BALTIMORE: (No. 3908 Canterbury Road ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Rife Hilgartner

(a) RESIDENCE NO. 3908 Canterbury Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27th 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Rife

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Stevenson

13 BIRTHPLACE OF MOTHER (city or town) Phila.
(State or country) Pa.

14 Informant Mr. George W. Rife
(Address) 3908 Canterbury Road.

15 Filed , 19 Registrar

6-1928 C. HAMPTON JONES, M. D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November, 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1928, to Nov. 3, 1928, that I last saw her alive on November 3, 1928 and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? — Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X'ray & Sputum examination

(Signed) Joseph W. Kelly, M. D.

Nov. 4/28 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov. 6th 28

20 UNDERTAKER Joseph Cook ADDRESS 1003 W. Balto

Spec.—1-10-21—M&T—1500 Bks.

21246
E 38935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 E 38935

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geraldine Martin

(a) RESIDENCE No. 1308 McCulloh ST., WARD City

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-12-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Ed - Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Car -

12 MAIDEN NAME OF MOTHER Mary Goods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1928, to Nov. 4, 1928, that I last saw her alive on Nov. 4, 1928, and that death occurred, on the date stated above, at 8 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos ds. Stomatitis, Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. C. Goodwin, M. D.

11/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL Nov 6 1928

20 UNDERTAKER Adolphus Hahn ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 38936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-00 E 38936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Cambria St. ST. 25-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Foster (Infant)

(a) RESIDENCE NO. 408 Cambria St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... 0 d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 408 Cambria St. Brooklyn, Md.

PARENTS

10 NAME OF FATHER John T. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia V. Borne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. John T. Foster

(Address) 408 Cambria St.

15 Filed ----- 19 ----- Registrar

NOV 6 - 1928 C. HAYDON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 , 1928 , to , 19 ,

that I last saw her alive on Nov 6 , 1928

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. [illegible] M. D.

11-6, 1928 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Elmton aacmd DATE OF BURIAL: Nov 6 1928

20 UNDERTAKER: John F Denny. ADDRESS: 715 Light St

CAUSES OF DEATH must be plain terms, so that it may be properly classified. EXPLANATION OF CODE-NATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH

E 38937 (REGISTERED NO.) E 38937

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Reistertown Road ST., 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thresa Harris ~~Hannis~~

(a) RESIDENCE NO. 3708 Reistertown Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abrahman Harris

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Kress

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abrahman Harris
(Address) 3708 Reistertown Road

15 Filed ....., 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1928, to Nov. 5, 1928, that I last saw h[er] alive on Nov. 5, 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Apoplectic stroke — cerebral hemorrhage

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Gabor S. Ivy, M. D.

Nov. 1928 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Road	11/6/28 19
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38938

CERTIFICATE OF DEATH.

90 E 38938
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 E. 31st St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Russell

(a) RESIDENCE NO. 616 E. 31st St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widiwer

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Russell

6 DATE OF BIRTH (month, day, and year) Apr 6/1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Carpenter

(b) General nature of indnstry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michael Russell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Mary E. Stan

(Address) 616 E. 31st. St.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

11/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 11/6 1928

20 UNDERTAKER Nathan Cook ADDRESS 509 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 9 1928 C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38939

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 14-20 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Florence I. Pendleton

(a) RESIDENCE NO. 1514 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	71	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Isaac Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Emily —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Hospital records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 2, 1928, to November 6, 1928, that I last saw her alive on November 6, 1928 and that death occurred, on the date stated above, at 1:25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic valvular & muscular heart disease

(duration) yrs. 3 mos. 18 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Francis W. Sluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Nov 7 1928
20 UNDERTAKER	ADDRESS
Henry Heuisler & Son	Richard & Caton

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38940

CERTIFICATE OF DEATH.

× 90

E 38941

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 5514 Fernpark Ave ST. 25-6-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Scott Crownhart

(Residence in Baltimore: No. 5514 Fernpark Ave St.; yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb 9, 1851 (Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waterman Dug
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Wisconsin

PARENTS.

10-NAME OF FATHER, Henry Crownhart

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Eugene Horsley

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Clara Crownhart

(Address) Baltimore Md

15-

Filed ..... 191.....

C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5th, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, to ~~Oct~~ Nov 5 1928, that I saw him alive on Nov 5 1928, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

from history about 3 mo.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart 6 hrs

(Duration) yrs. mos. ds.

(Signed) Walter S. Tibbett M. D.

Nov 5/28, 191... (Address) 2220 Harrison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore md

Former or usual residence Baltimore md.

19-PLACE OF BURIAL OR REMOVAL, Still Pond - Baltimore Md

DATE OF BURIAL, Nov 6, 1928

20-UNDERTAKER Jos Jacobs & Son

ADDRESS 217 S Paca St

Spec.—1-12-23—M&T—500 Bks.

E 38941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38941

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No.) Gershon ST. 4-16 (WARD)

2-FULL NAME Mr. Gershon Sibel

(a) RESIDENCE NO. 165 Fremont Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sobel

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Sibel?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1928, to Nov. 6, 1928, that I last saw him alive on Nov. 6, 1928 and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal-Vascular disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehreiw Mt Carmel

DATE OF BURIAL 11/6/28 19

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore St

NOV 8 1928 C. HAMILTON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

E 38942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 38942

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3733 Reisterstown Rd. ST. 5-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C Chenoweth

(a) RESIDENCE NO. 3733 Reisterstown Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~: Mary Hilda Chenoweth

6 DATE OF BIRTH (month, day, and year): Jan 11, 1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
56	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Arthur P Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Mary Chenoweth

(Address) 3733 Reisterstown Rd

15 Filed NOV 6 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5 1928

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Nov. 5, 1928, that I last saw him alive on Nov. 5, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Henry A. Naylor, M. D.

Nov 5 1928 (Address) Silver Run Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov 8 1928

20 UNDERTAKER: Joseph Syler

ADDRESS: 1600 W. Pratt

TION is very important. See instructions on back of certificates.

NOV 6 1928 HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 38943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38943

1-PLACE OF DEATH U. S. Marine Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 12 ORRIN WILLIAM ST., WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Orrin William Lawrence

(a) RESIDENCE NO. Detroit Mich. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? L yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Lawrence

6 DATE OF BIRTH (month, day, and year) Aug 30 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Oxford Michigan

PARENTS

10 NAME OF FATHER Alonson Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York? New York

12 MAIDEN NAME OF MOTHER Diana Tuttle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? New York

14 Informant Mrs Delia Lawrence (Address) Detroit Michigan

15 Filed NOV 7 1928 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Nov 5, 1928, that I last saw him alive on Nov 5, 1928, and that death occurred, on the date stated above, at 10:45 Am.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate with Cystitis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? House

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Ed L Wilmoth M. D.

11-5, 1928 (Address) U. S. Marine Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oxford Michigan — DATE OF BURIAL 11/6 28

20 UNDERTAKER E. Roy Stiffler — ADDRESS 125 E Russ

C. HAMPSON JONES, M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Robert E. Dixon

E 38944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38944

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robt. E. Dixon

(a) RESIDENCE NO. 508 S. Bethel ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary F. McNamee

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert Dixon

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Isabelle Travers

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mrs. Mary Dixon
(Address) 508 S. Bethel St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1925

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1925, to Nov. 6, 1925, that I last saw him alive on Nov. 6, 1925, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac D. compensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M B Hyndman M. D.

Dr Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Nov. 9 1925

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1122 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 7 1928 C. HAMPSON JONES, M.

Spec.—1-12-23—M&T—500 Blks.

E 38945 MINAR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38945

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 920 N. Chapel St.

CITY OF BALTIMORE: (No. 920 ST. 7-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Minar

(a) RESIDENCE NO. 920 N. Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced (or) WIFE of Joseph Minar

6 DATE OF BIRTH (month, day, and year) 6/16/1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
66	4	21	20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecho-Slovakia

PARENTS

10 NAME OF FATHER Louis Sobihal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecho-Slovakia

12 MAIDEN NAME OF MOTHER Anna Buyjan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecho-Slovakia

14 Informant Joseph Minar (Address) 920 N. Chapel St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1928

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to Nov 6, 1928, that I last saw h[illegible] alive on Nov 5, 1928, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows: Myocarditis + endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Sobihal M. D.

, 19 (Address) 747 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 9, 1928

20 UNDERTAKER Grant Brothers — ADDRESS 190 Park Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38946

CERTIFICATE OF DEATH

44 E 38946

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 308 S. Exeter ST., 3-5 WARD)

2—FULL NAME Dorico Berno

(a) RESIDENCE NO. 308 S Exeter ST., st WARD 3

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Encorinata Berno

6 DATE OF BIRTH (month, day, and year) June 3 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Dorico Berno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Encorinata Marcaano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Michael Tanna

(Address) 216 S. Bond st

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to Nov. 5, 1928, that I last saw h[illegible] alive on Nov. 5, 1928, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Philibert Antigrave M. D.

(Address) 2942 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer.

DATE OF BURIAL Nov 7 1928

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2818 E. Baltimore st

Spec.—2-29-28—L. F. S.—500 Bks.

E 38947

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 38947

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 E Monument ST., 7-10 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Goth

(a) RESIDENCE NO. 2302 Monument ST., WARD
(Usual place of abode) 41
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anotn Goth

6 DATE OF BIRTH (month, day, and year): Dec 12 1843

7 AGE: Years 84 | Months 10 | Days 25 23 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Ernest Goth
(Address): 2302 Monument St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st 28, 19... to Nov 5th, 19 28

that I last saw h alive on Nov 5th 19 28

and that death occurred, on the date stated above, at 7 20 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage Stroke

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. H. Long M. D.

Nov 6 19 28 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 11-7 1928

20 UNDERTAKER: [illegible]

ADDRESS: 200 E Monument St

Cor.—12-9-25—A Co.—200 Bks.

E 38948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38948

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Bach City Hospital St. 16-22 Ward)

2-FULL NAME Samuel J. Stephenson

(a) RESIDENCE NO. 833 N Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, professton or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Bach City Hospital

(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema & Dropsy

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

11 6, 1925 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial Nov 7 1925

20 UNDERTAKER C. A. Brown & Son ADDRESS 1019 Madison

OF DEATH in plain so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Wm. Gross

E 38949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38949

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. WARD)

REGISTERED NO. 3190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Gross

(a) RESIDENCE NO. 1004 Creek Alley St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C. C.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Smay?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Balto City Hosp. (Address)

15 Filed NOV 7 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/21, 1928, to 11/4, 1928, that I last saw h[illegible] alive on 11/4, 1928, and that death occurred, on the date stated above, at 6.15 P.M.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

Otitis Suppurativa L S

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia 3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. M. Wahl, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Nov 7 1928

20 UNDERTAKER J. H. Brown & Son — ADDRESS 108 N. Howard

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Wanken

E 38950 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38950

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 W. Lombard ST. 18-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Frederick Wm Wamken

(a) RESIDENCE NO. 810 W. Lombard ST. Lillie Bulaski Wamken WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 hours — How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 6 - 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Frederick Wm Wamken

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Lillie Bulaski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Frederick Wm Wamken
(Address) 810 W. Lombard St

15 Filed , 19 Registrar

NOV 7 - 1928 C. RAMSAY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/6/28 19

17 I HEREBY CERTIFY, That I attended deceased from 11/6/28 19 , to 11/6/28 , 19 ,

that I last saw h — alive on 11/6/28 , 19

and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Cong. Atelec.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward L Long , M. D.

11/6/1928 (Address) 410 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 11/7/1928

20 UNDERTAKER Geo. W. Bates & Son ADDRESS 2503 E Monument

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 38951

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 Christian St ST., 20-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie Cohen

(a) RESIDENCE NO. 2017 Christian St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Cohen

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hirsh Lieb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Cohen

(Address) 2017 Christian St

15 Filed NOV 7 - 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6/28

17

I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Nov 6, 1928, that I last saw h alive on Nov 6, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation & Pulmonary Edema

1 hour

CONTRIBUTORY (Secondary) Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) I. Steuart Kahn, M. D.

11/6, 1928 (Address) 2027 Mt Wash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Wash Cem

DATE OF BURIAL 11/7 1928

20 UNDERTAKER Cash Laurs

ADDRESS 1439 E Balto St

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 38952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38952

CERTIFICATE OF DEATH.

REGISTERED NO. 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2231 E. Pratt St (ST.) 1-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Bressler

(a) RESIDENCE NO. 2231 E. Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis M Bressler

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 40 | Months — | Days — | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Asher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rena Feshman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis M Bressler (Address) 2231 E Pratt St

15 Filed . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/7 1928

17

I HEREBY CERTIFY, That I attended deceased from 1/1 . 1928 . to 11/6 . 1928 .

that I last saw h[illegible] alive on 11/6 . 1928 ,

and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Abdominal organs

Metastases (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy + x ray

(Signed) M Cheskey, M. D.

. 19 (Address) 2225 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL 11/7 1928

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 38953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 38953

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 Midvale Road WARD 27-53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Asbury Lovejoy Cathcart

(a) RESIDENCE NO. 4 Midvale Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mary Lucy Cathcart

6 DATE OF BIRTH (month, day, and year) January 27 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Cathcart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Geo A C Thompson

(Address) 4 Midvale Road

15 Filed ....., 19 .....

C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 19 1928, to November 6 1928, that I last saw him alive on November 6th 1928, and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis Uremia.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility & Cardiac sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) L. A. Chastard, M. D.

Nov. 6, 1928 (Address) 1303 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Nov 8 1928
20 UNDERTAKER John O. Mitchell Sons	ADDRESS 19 N Eutaw

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38954

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 11-24

CITY OF BALTIMORE: (No. 303 Dolphin ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Langston Blacke

(a) RESIDENCE NO. 303 Dolphin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Edw Blacke

6 DATE OF BIRTH (month, day and year) Aug 28 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	78	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not Any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William S Langston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Rosan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Eliza J Clarke

(Address) 303 Dolphin St.

15 Filed NOV 7 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1928

17 I HEREBY CERTIFY, That I attended deceased from April 15, 19 28, to Nov 5, 19 28, that I last saw her alive on Nov 5, 19 28 and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ernest H Kalm, M. D.

(Address) 3005 N Charles ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Nov 7 19 28
UNDERTAKER	ADDRESS
John O. Mitchell Sons	1911 Eutaw Pl

Important. See instructions on back of certificates.

Spec. 1-10 21 M&T 1500 Blks.

E 38955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38955

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 Asquith St., WARD)

2-FULL NAME James Myers Sr

(a) RESIDENCE No 832 Asquith St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 00

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER James Myers Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Vera. Spratley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James Myers (Address) 832 Asquith St

15 Filed ... 19 ... Registrar

C. HAMILTON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Nov 5, 1928, that I last saw him alive on Nov 5, 1928, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. Hamilton M. D.

Nov 9 1928 (Address) 733 Asquith St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Nov 7 1928

20 UNDERTAKER Robert F. Williams — ADDRESS 1515 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 38956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38956

CERTIFICATE OF DEATH.

REGISTERED NO. 23-33 57

1-PLACE OF DEATH Tillie Dragon

City of BALTIMORE: (No. 1459 Light St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tillie Dragon.

(a) RESIDENCE NO. 1459 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If married, widowed, or divorced (or) WIFE of Isrial Dragon.

6 DATE OF BIRTH (month, day, and year) December 5,1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Ellis Rosen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Rose Perel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Eva Geloon. (daughter)

(Address) 1459 Light St.

15 Filed NOV 7 1928 19 C. HAMPSON JONES

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6, 1928. 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/8 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial Nov. 1928

20 UNDERTAKER Jack Levin ADDRESS 1929 E. Baltimore St.

DO NOT WRITE IN THIS SPACE. AGE should be stated EXACTLY. FIGURES should be used. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 38957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38957

CERTIFICATE OF DEATH.

REGISTERED NO. 16-23188-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Fisher

(a) RESIDENCE NO. 1135 N. Carrollton Av Ward

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie Fisher

6 DATE OF BIRTH (month, day, and year): April 1874

7 AGE: Years 54 Months 7 Days 6

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver of Wagon

(b) General nature of industry, business, or establishment in which employed (or employer): Beer Depot Co

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Isaac Fisher

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Hannah L Walker

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Addie Fisher

(Address) 1135 Carrollton Av

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) Nov (Day) 3 2nd (Year) 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) ..... yrs. Sudden

CONTRIBUTORY (Secondary) Struck by Street Car

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F B Link M. D.

Nov 3rd (Address) 1516 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Work Hse & Mt Royal Hse

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial 11/7 1928

20 UNDERTAKER: Lemmon & Hemsley

ADDRESS 575 N Bdle

NOV 7 1928 C HARRISON NOTT

If the Coroner be employed, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

see letter in file 11/14/28.

E-38958

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-902

E 38958

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Elizabeth Mc Shades 2-5 ST., 2-5 WARD)

2—FULL NAME Bessie McFadden

(a) RESIDENCE NO. 120 So Exeter ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Wid—

6 DATE OF BIRTH (month, day, and year): Sept 24 1880

7 AGE: 48 Years; Months 1; Days 17; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: factory work

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles H. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary J. Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Va

14 Informant (Address): BALTIMORE CITY HOSPITALS [redacted]

15 Filed NOV 7 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-6-28

17 I HEREBY CERTIFY, That I attended deceased from 11-3 1928 to 11-6 1928 that I last saw her alive on 11-6 1928 and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism, acute

Myocarditis, acute

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis; Hypertension

Vincents Angina (duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam & Lab

(Signed) H. M. Mark M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 11/9 1928

20 UNDERTAKER: Mulcook

ADDRESS: 502 E North

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 38959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38959

E-38959

CERTIFICATE OF DEATH.

REGISTERED NO.

1 PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet Wilkens

(a) RESIDENCE NO. 2239 Madison Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) Sept 6—1901

7 AGE Years 27 Months — Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Saml Wilkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Mary Wilkens

(Address) 2239 Madison Ave

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carbolic Acid. Taken by Accident (duration) ..... yrs. mos. 4 ds.

(Signed) F. C. Luck, M. D.

Nov 3rd 1928 (Coroner)

(Address) 1414 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Nov. 2 1928

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1425 Pennsylvania Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co. 200 Bks.

E 38960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38960

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1422 E Lombard St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Butler

(a) RESIDENCE NO. 1422 E. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Butler

6 DATE OF BIRTH (month, day, and year): Sept 4 1883

7 AGE — Years: 45 — Months: 2 — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto

(State or country): md.

PARENTS

10 NAME OF FATHER: Stephen Johnson

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto md

14 Informant: Frank Butler

(Address): 1422 E Lombard St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: November 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 19 28 to Nov 4, 19 28

that I last saw h[illegible] alive on Nov 4, 19 28

and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) Richard C Cosline M. D.

19 (Address) 1542 Balto MD

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: Nov 7, 19 28

20 UNDERTAKER: Mrs. Ida Smith — ADDRESS: 1215 Eastern Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 38961 (Arthur Riley)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38961

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1152 Shield St.) 17-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Riley

(a) RESIDENCE NO. 1152 Shield St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Separated (Mulatto)

6 DATE OF BIRTH (month, day and year): July 5 1898

7 AGE: Years 30 Months 4 Days — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

10 NAME OF FATHER: Thos Riley

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Amelia West

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

PARENTS

14 Informant: Florence Ruggold

(Address): 329 W Biddle

15 Filed ..... 19 ..... HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) did that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Luhr M. D.

(Coroner)

Nov. 5 1928

(Address) North & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs.. ...mos.. ...ds. In the State ...yrs. ...mos.. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

Date of Burial: Nov 7 1928

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1725 Madison Ave

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-2]—M&T—1500 Bks.

E 38962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38962

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3327 Foster Ave (Ward) 26

REGISTERED NO. 1928-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME A. John Reinsfelder

(a) RESIDENCE NO. 3327 Foster Ave WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Katherine Reinsfelder

6 DATE OF BIRTH (month, day, and year): Sept 16, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber 059

(b) General nature of industry, business, or establishment in which employed (or employer): General plumbing

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Sebastian Reinsfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Winterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katherine Reinsfelder (wife)

(Address) 3327 Foster Ave

15 Filed NOV 7 - 1928 19 C. HAMPTON MOORE Per H Ahl Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1928, to Nov. 5 1928

that I last saw him alive on Nov. 5, 1928

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

La grippe, metastatic carcinoma of the ischiorectal space

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Lee Ehlberger, M. D.

, 19 (Address) 3034 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

Lilly & Zeiler Und.

DATE OF BURIAL: Nov 9th 1928

ADDRESS: 403 S Wolfe St

MATION should be carefully supplied. Avoid abbreviations. Write plainly. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec. 2-29 Mod. L.F.C. 500 Bks.

E 38963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38963

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Gough ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME WILLIAM F. SIBLE

(a) RESIDENCE NO. 2109 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widnwed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Sible

6 DATE OF BIRTH (month, day, and year) April 4, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sand Blaster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Christian Sible

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Pugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Mrs. Annie M. Sible (Wife)

(Address) 2109 Gough Street

15 Filed NOV 7 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 19 28, to Nov 3, 19 28.

that I last saw h alive on Nov 3, 19 28.

and that death occurred, on the date stated above, at 4.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs 4 mos. ds.

18 Where was disease enntracted if not at place of death?

Did an nperation preecde death? Date of

Was there an autopsy?

What test ennfirmed diagnosis? Sputum Exam

(Signed) E. W. Mayer, M. D.

11/6, 19 28 (Address) 1500 E. 3rd St.

*State the Disease Causing Death, or in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side foc additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Matthew's Cemetery

DATE OF BURIAL Nov. 7. 1928

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE ST. & BROADWAY

IF DEATH is to be registered, all items must be answered or the words "unknown" or "none" inserted, as the case may be. Typewriting or printing in black ink is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 38964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38964

90

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 338 S. East Ave. St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME FLORENCE MILK

(a) RESIDENCE NO. 338 S. East Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Milk

6 DATE OF BIRTH (month, day, and year) December 13, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Barnholt

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Ritzan

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Maryland

14 Informant John L. Milk, (Husband)

(Address) 338 S. East Ave.

15 Filed....., 19..... C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Diabetes Mellitus

Heart Coma when in bed

Coughing spell

(duration) 1 yrs. Indefinite ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Renton M. D.

(Coroner)

11/4, 1928 (Address) 7 Aug Chas 1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. ..... mos.. ..... ds. In the State..... yrs.. ..... mos.. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery. Date of Burial Nov. 8, 1928

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS BALTIMORE ST. & BROADWAY.

NOV 7 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sm'd—6-9-19—H.P.C.—1000 Bks.

E 38965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38965

CERTIFICATE OF DEATH.

109-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2810 Goodwood Rd. WARD

2-FULL NAME Mary Margaret Hanesschlager

(a) RESIDENCE. No. 2810 Goodwood St. Rd WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28 1921

7 AGE: Years 7 Months 4 Days 8 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas F. Hanesschlager

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.J.

12 MAIDEN NAME OF MOTHER: Anna Fortmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Father

(Address) 2810 Goodwood Rd.

15 Filed ..... 19 ..... C. HAMPSON ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/5 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to 11/5, 1928, that I last saw h alive on 11/5, 1928, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Infected Tonsils

Septicemia (Streptococcus)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Lyle W. Goller, M. D.

, 19 (Address) 5103 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 11-8 1928

20 UNDERTAKER: E & B Hartz

ADDRESS: 115 E Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 38966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38966

38

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 5-8 (WARD)

2-FULL NAME James Taylor

(a) RESIDENCE NO. 125-6 th' Elderry ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ~~[illegible]~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER James Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Margaret Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 7 1928, 19 .... H Linn Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17 .1928. to Nov. 4 .1928.

that I last saw him alive on Nov. 4 .1928.

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Distur-

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

11/4 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albury cemetery DATE OF BURIAL Nov 7 1928

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

NOV 7 1928 C. HAMILTON JONES, M.D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 38967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38967

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1921 Hennemann Ave ST., 7-13 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beston Robbs (Roles)

(a) RESIDENCE NO. 1921 Hennemann Ave ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31	— 3	— 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Willie Roles

(Address) 1921 Hennemann ave

15 Filed 11/7, 19 28 C. HAMPSON JONES, M. D. Registrar

NOV 7 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 4 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 3, 1928, that I last saw him alive on Nov 3, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Ch Pulmonary Tb

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. A. Abramstein, M. D.

(Address) 733 Arunah St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Nov 7 28

20 UNDERTAKER Mrs R A Elliott ADDRESS 172-5 Ashland av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38963

CERTIFICATE OF DEATH.

185 E 38968

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3503 Wallbrook Ave 15-67 Ward)

2-FULL NAME Mary Jane Thorpe

(a) RESIDENCE NO. 3503 Wallbrook Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas G Thorpe

6 DATE OF BIRTH (month, day, and year): Oct 1 1848

7 AGE: Years 80 Months 1 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Washington D. C.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Morgan

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Brittingham

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs Minnie Lee Suter

(Address) 3503 Wallbrook Ave

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) ...find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Femur

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

Nov 6 (Corner) T. C. Luck M. D.

(Address) North Ave & Pitcher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem Date of Burial Nov 8 1928

20 UNDERTAKER: William Cook ADDRESS 502 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38969

CERTIFICATE OF DEATH.

E 38969

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bell City Hospital St. Ward)

2-FULL NAME Julia Kratz

(a) RESIDENCE NO. Middle River Station 3rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Kratz

6 DATE OF BIRTH (month, day, and year): Feb 3, 1883

7 AGE: Years 45 Months 9 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER: Frederick Ey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Ella M. Ayers

(Address): 643 Roberts Road

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of lower 1/4 of femur

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial degeneracy

(duration) ..... yrs. 6 mos. ..... ds.

(Signed) Chas M Denton M. D.

(Coroner)

11 7, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Baltimore County Middle River Station #3

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery Date of Burial 11/9 1928

20 UNDERTAKER: Wm Mann Cook ADDRESS 502 E North Ave

dion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 38970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-001 E 38970

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-17 Ward)

2-FULL NAME Rose P. McCabe

(a) RESIDENCE NO. 1929 E. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 11/1913

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	15	7	25	24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Hugh J. McCabe

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Minnie E. Reese

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Maryland

14 Informant Mother

(Address) 1929 E. North Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac Skull-Taxi struck by R.R. Engine at Lonely's Lane & Penna R.R.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

11-7-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 11/9 1928

20 UNDERTAKER William Cook ADDRESS 502 E. North Ave

If the following information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38971

CERTIFICATE OF DEATH

Wm Grant 3217 Westwood Ave 122-001 E 38971

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2211 Oram ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry H. Duering

(a) RESIDENCE NO. 2211 Oram ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Sophia Duering

6 DATE OF BIRTH (month, day, and year): Aug-1, 1864

7 AGE: Years 64 | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sr Clearing Dpt.

(b) General nature of industry, business, or establishment in which employed (or employer): City of 086

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Duering

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Kenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Sophia Duering

(Address) 2211 Oram St

15 Filed ..... , 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928, to Nov 5, 19 —, that I last saw him alive on Nov 5, 1928 and that death occurred, on the date stated above, at 8 10 A m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of the Liver

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Chronic Valvular Heart Disease

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Head & Respiratory Tract

(Signed) Wm. Grant, M. D.

, 19 (Address) 3217 Westwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 11/9 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

OF DEATH in plain terms, so that it may be properly classified. Every question must be answered. Items 1 to 20 are important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 38972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38972

CERTIFICATE OF DEATH

57

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1832 E. Bethel ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles F Elliott

(a) RESIDENCE NO. 1832 E. Bethel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah F Elliott

6 DATE OF BIRTH (month, day, and year): March 6, 1873

7 AGE — Years: 55 | Months: 7 | Days: 29 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Flagman 073

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: P.R.R.

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: John Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Beckerly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Sarah Elliott

(Address) 1832 E Bethel St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Nov 5 1928

that I last saw him alive on Nov 5 1928

and that death occurred on the date stated above, at 6 P M.

The CAUSE OF DEATH was as follows:* 1 Chronic Diffuse Nephritis

Contributory Bed Sores (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Lyon Jones M. D.

6 19 (Address) 1832 E Bethel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Park

DATE OF BURIAL: 11 7 19 28

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 38973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 38973

1-PLACE OF DEATH

City of BALTIMORE: (No. 753 Dolphin St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pearl Hall

(a) Residence No. 753 Dolphin St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Apr. 23-1902

7-AGE. 26 yrs. 6 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS

10-NAME OF FATHER, Joseph A. Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Clara Eadley

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Pa.

14-

(Informant) Joseph A. Hall

(Address) 753 Dolphin St

15-

Filed ..... 192.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 5-1928

17- I HEREBY CERTIFY, That I attended deceased from October 20, 1928, to November 5, 1928, that I last saw h.. alive on Oct. Nov 4, 19.., and that death occurred, on the date stated above, at 11.40 A.M.

The CAUSE OF DEATH* was as follows:

Septicemia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and pathological findings

(Signed) Bonnell Jones M.D.

19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov 8, 1928

20-UNDERTAKER, J. H. McJohnson — ADDRESS 1234 Eutaw St.

Should be carefully supplied. AGE should be stated EXACTLY. FIGURES should be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A/C—200 Bks.

E 38974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5-1590 E 38974

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 3rd Ave Brooklyn Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME George S. Tyler.

(a) RESIDENCE NO. 5 3rd Ave Brooklyn St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Tyler

6 DATE OF BIRTH (month, day, and year): Sept 11th 1869

7 AGE: Years 59 | Months 1 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm W. Tyler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Hester Foard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Ada Tyler

(Address): 5 3rd Ave Brooklyn

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Nov 4, 1928, that I last saw h.m alive on Nov 4, 1928, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy?

What test confirmed diagnosis? Note

(Signed) Ralph Schuh, M. D.

, 19 (Address) 715 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: Nov 7th 28

20 UNDERTAKER: Leo S. Cook — ADDRESS: 1723 Pall Pl

NOV 7 1928 HARRY SPERLING, M. D. Per

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38975

CERTIFICATE OF DEATH.

188-001

E 38975

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph T. Finck

(a) RESIDENCE NO. 2332 Jefferson St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15/1906

7 AGE	Years	Months	Days 24	IF LESS than 1 day.....hrs. or.....min.
	22	4	~~20~~ 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Taxi Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John C. Finck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Edna Hennick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant John C. Finck

(Address) Glenarm, Md.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Taxi struck by Penna Engine at Lonely's lane & Penna RR. Accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

11/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Nov. 7 1928

20 UNDERTAKER Wm. L. Miller & Son ADDRESS 2334 Jefferson St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 7 1928 C. HARRISON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38976

CERTIFICATE OF DEATH.

90 E 38976

REGISTERED No. 638176

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 Louden ave St. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Margaret E Garrell

(a) RESIDENCE NO. 202 Louden ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widdow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave Warrell

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penn

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Lilen VanHorn

(Address) 202 Louden ave

15 Filed....., 19 H. H. Jones M. D. NOV 1 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Has been in bed 16 yrs

(duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Bowles M. D.

(Coroner)

11/7 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery Date of Burial 11/9 1925

20 UNDERTAKER Von Cook ADDRESS 502 E Vad

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. If unknown, so state. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38977 ✓ E 38977

CERTIFICATE OF DEATH

38

E 38977

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 529 Burgundy ST., 22-30 WARD

2—FULL NAME Robert H. Gray

(a) RESIDENCE NO. 529 Burgundy ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gray

6 DATE OF BIRTH (month, day, and year) July 3 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	54	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O&D

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co.

(c) Name of employer Curtis Bay

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Davis

(Address) 925 N Calhoun St.

15 Filed NOV 5 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/28

17

I HEREBY CERTIFY, That I attended deceased from 9/24/28, to 11/5/28, that I last saw him alive on 11/3/28, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Coma (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11-7, 19 28 (Address) 1028 Strong St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov-8 1928
20 UNDERTAKER	ADDRESS 322
Mrs. Kate R. Williams	N. Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38978

CERTIFICATE OF DEATH

24-001

E 38978

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: No. 817 N. Appleton ST. 16-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clark Thomas.

(a) RESIDENCE NO. 817 N. Appleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Thomas

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Penn R R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Thomas.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Martha E Thomas

(Address) 817 N. Appleton St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Nov 6, 1928, that I last saw h alive on Nov 3, 1928 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 hr. yrs. mos. ds.

CONTRIBUTORY (Secondary) Previous Hemiplegia Cerebral Hemorrhage (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes,

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

, 19 28 (Address) 612 N 40 th st

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 9 1928
20 UNDERTAKER John O. Mitchell and Sons	ADDRESS 19 E. Eutaw Place

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38979

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1910 ST. 16-23 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Emory

(a) RESIDENCE No. 1910 E. Arlington Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male Black

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Andrew Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Florence Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Johns Hopkins Hospital.

15 Filed ... 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1928, to Oct. 5, 1928, that I last saw him alive on Oct. 5, 1928, and that death occurred, on the date stated above, at 4.55 P.m.

The CAUSE OF DEATH* was as follows:

Inanition

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hunt Guilford, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL NOV 7 - 1928

C. HAMPSON JONES, M. D. Commissioner Health

NOV 7 - 1928

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 38980 HEALTH DEPARTMENT—CITY OF BALTIMORE E 38980

CERTIFICATE OF DEATH.

162 REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-8 ST. WARD)

2-FULL NAME Baby Pollock

(a) RESIDENCE No. 1309 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX White

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			one	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. U.S.

PARENTS

10 NAME OF FATHER Milton Pollock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. U.S.

14 Informant Mrs. Pollock (Address) Johns Hopkins Hospital.

15 Filed NOV 1 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-27, 1928, to 10-28, 1928, that I last saw living alive on 10-28, 1928, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Heart Failure Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. Pollock, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS NOV 1 1928

mation should be carefully supplied. AGE should be stated EXACTLY. Fractions CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38981

CERTIFICATE OF DEATH

84 E 38981

1—PLACE OF DEATH

REGISTERED NO. 27-55

CITY OF BALTIMORE: (No.) 3707 Strathmore Ave. ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac Greenwald

(a) RESIDENCE NO. 3707 Strathmore Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Greenwald

6 DATE OF BIRTH (month, day, and year) Mch. 13, 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Meat Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Packer.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Michael Greenwald,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Milton Greenwald
(Address) 3707 Strathmore Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Nov 6, 1928,
that I last saw h.. alive on Nov. 6, 1928
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lutz, M. D.

11-7, 1928 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	11/8/ 19 28

20 UNDERTAKER David Sondheim

ADDRESS 1530 W. Mt. Royal Ave.

NOTICE should be carefully examined, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38982

CERTIFICATE OF DEATH

90

E 38982

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1721 N. Caroline ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myer J. Block

(a) RESIDENCE NO. 1721 N. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26th. 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Judge Orphans

(b) General nature of industry, business, or establishment in which employed (or employer) Court 027

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Simon J. Block

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Rider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. S. Block
(Address) 21 Brookfield Ave.

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1928, to Nov. 6, 1928, that I last saw h in alive on Nov. 6, 1928 and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 6 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry C. Clark, M. D.

Nov. 7, 1928 (Address) Latrobe Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem.	11/8/ 19 28

20 UNDERTAKER	ADDRESS
David Sondheim	48-20 W. Mt. Royal Ave

INFORMATION SHOULD BE GIVEN IN ENGLISH. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.–7-17-26—A Co.—200 Bks.

E 38983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

REGISTERED NO. E 38983

1-PLACE OF DEATH

City of BALTIMORE: (No. 1512 Aliceanna St. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Kwak

(a) RESIDENCE NO. 1512 Aliceanna St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25 1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General natnre of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Benska

(Address) L512 Aliceanna St.

15 Filed , 19 Ruth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 19 28, to Nov 5, 19 28

that I last saw h alive on Nov 5, 19 28

and that death occurred, on the date stated above, at 7:30a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Lyons M. D.

D. 19 28 (Address) 801 N Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Nov. 8	19 28
20 UNDERTAKER	ADDRESS
John McAuley	1018 Monroe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38984

CERTIFICATE OF DEATH

31 E 38984

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2125 Eastern Ave St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Berlard Brzozowski

(a) RESIDENCE NO. 2125 Eastern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18 1902

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 075

(b) General nature of industry, business, or establishment in which employed (or employer) Drugist

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John Brzozowski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Sophia Welzant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John Bezozowski

(Address) 2125 Eastern Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 19 28, to Nov. 5, 19 28,

that I last saw h[illegible] alive on Nov. 5, 19 28,

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11/7/28 19 (Address) 2589 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Nov 9

Date of Burial 19 28

20 UNDERTAKER John M Walter

ADDRESS Charles St

NOV 7 - 1928 C. HAMPSON JONES, M. D. Registrar

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-38985 ~~PLACE OF DEATH~~ 11 E 38985

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick A. Koehler

(a) RESIDENCE NO. 1615 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Frederick Koehler

6 DATE OF BIRTH (month, day, and year) November 23 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	13	9.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer Fred C. Koehler Baltimore Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Koehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Sophia Kram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma Fredrick Koehler

(Address) 1615 N. Caroline St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Nov 7, 1928, that I last saw him alive on Nov. 7, 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Postpneumonic Abscess

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Spontaneous gastro-colostomy (duration) 3 yrs (?) mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/6/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. E. Stacy Jr. M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Nov 10 1928
20 UNDERTAKER	ADDRESS
Henry H. Jenkins & Son Co	Edmondson Ave & Collington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 7 1929 HAMPDEN JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38986

CERTIFICATE OF DEATH.

90 E 38986

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 1237 E Monument St., 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hosey Ford

(a) Residence No. 1237 E. monument St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: col

5-Single, Married, Widowed, or Divorced, (Write the word.): ~~Married~~ Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6-DATE OF BIRTH (month, day and year): 1887

7-AGE: 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va

PARENTS

10-NAME OF FATHER: William Ford

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Cora Edwards

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

11- (Informant): Sarah Ford

(Address): 1237 E Monument

15- Filed Nov 7 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 5/28

17- I HEREBY CERTIFY, That I attended deceased from May 3 1928 to Nov 5 1928 that I last saw h. alive on Nov 3 1928 and that death occurred, on the date stated above, at 7 am

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Cardiac Asthma Mesa 3 pd 6 yrs mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Edward Ricks M. D

Nov 5 1928 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Oddfellows Cem Va

DATE OF BURIAL, Nov 8 1928

20-UNDERTAKER: Daniel Carbon

ADDRESS 916 Penna Ave

N. B.—WRITE PLAINLY with pen and ink. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 38987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 38987

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 831 Druid Hill Ave (ST.) 11-24 (WARD)

2-FULL NAME Emma Gant

(a) RESIDENCE NO. 831 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Milton Gant

6 DATE OF BIRTH (month, day, and year) Mar. 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: Elsie Smith

9 BIRTHPLACE (city or town) (State or country): Accomac Co. Va.

PARENTS

10 NAME OF FATHER: John Sharps

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co. Va.

12 MAIDEN NAME OF MOTHER: Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Accomac Co. Va.

14 Informant: Mrs. Eva Webster (daughter

(Address) 831 Druid Hill Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 19 28 to Nov. 3, 19 28

that I last saw her alive on Nov. 3, 19 28

and that death occurred, on the date stated above, at 11:15 P.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson, M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 11-8 19 28

20 UNDERTAKER: Daniel Easter

ADDRESS 916 Eu av

N. B.—WRITE PLAINLY, WITH UNFADING INK. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38988

CERTIFICATE OF DEATH

74-001

E 38988

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Ostend ST., 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Lasoy

(a) RESIDENCE NO. 840 Ostend ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (Write the word): Mmed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Deal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Joseph Lasoy

(Address) 840 Ostend St

15 Filed NOV 7 1928 19 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-5-28

17 I HEREBY CERTIFY That I attended deceased from Oct 1, 1928, to Nov 5, 1928

that I last saw h alive on Nov 5, 1928

and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Carbol Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond Pearl M. D.

19 (Address) 327 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MtOlivet Cem — DATE OF BURIAL: 11-8 1928

20 UNDERTAKER: Edward Eaton — ADDRESS: 916 Ostend

mation should be carefully supplied. Avoid using abbreviations. Write plainly in ink. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38989

CERTIFICATE OF DEATH.

161-001

E 38989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Bruce St. ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Warfield

(a) RESIDENCE NO. 1407 Bruce St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every statement or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov. 7, 1928

7 AGE — Years: — Months: — Days: — If LESS than 1 day, 6 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Elisha Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Mother

(Address)

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

NOV 7 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-7- , 19 28 , to 11-7 , 19 28 .

that I last saw h[illegible] alive on 11-7 , 19 28 .

and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Morey M. D.

, 19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 11-8 1928

UNDERTAKER: Daniel Easton Sons

ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38990

CERTIFICATE OF DEATH

REGISTERED NO. E 38990

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 827 W Cross ST. (WARD) 21-29

2—FULL NAME Charles F Werner

(a) RESIDENCE NO. 827 W. Cross ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Margaret M Werner

6 DATE OF BIRTH (month, day, and year): Nov 29, 1865

7 AGE: Years 62 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Park Manager
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Carl Julian Werner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

14 Informant: Mrs Margaret Werner
(Address) 827 W Cross St

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Nov 5, 1928, that I last saw h[illegible] alive on Nov 4, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of Oct-30-28

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

[illegible], 19 28 (Address) 51 Keswick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 11/8 1928

20 UNDERTAKER: W. H. Cook

ADDRESS: 502 E Lafayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate if possible. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Campbell

E 38991

HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

24 E 38991

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No.) 470 S Clement St. (Ward) 24 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louis D Zeline

(a) Residence No. 470 S Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel Sykes

6-DATE OF BIRTH (month, day and year) - - 1854

7-AGE 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Patternmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co. 062

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto Md

PARENTS

10-NAME OF FATHER Louis Zeline

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Mary Zeller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Joel Zeline (Address) 470 S Clement St

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/6/28

17- I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 6, 1928, that I last saw h. alive on Nov 6, 1928, and that death occurred, on the date stated above, at 10:10 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Emphysematous

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M.D.

Nov 7, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 11/9/28

20-UNDERTAKER J. Staley Sons ADDRESS 518 Edmondson

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

302

38992

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 38992

REGISTERED NO.

City of BALTIMORE: (No. University Hospital 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Weems

(a) RESIDENCE NO. Lusby, Calvert Co. Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Weems

6 DATE OF BIRTH (month, day, and year) April 6, 1870.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Weems

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Juna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Lizzie Weems

(Address) Lusby, Calvert Co. Md.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis following operation for intestinal obstruction resulting from trauma.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller M. D. (Coroner)

11/7/1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Moving house when injured

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Lusby Calvert Co. Md. Nov 8 1928

20 UNDERTAKER — ADDRESS

Saml. W. Cissel & Son 1400 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 38993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-001 E 38993

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 Aisquith St. ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Cade Robinson

(a) RESIDENCE NO. 1818 Aisquith St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Capt. Geo. W. Robinson U. S. N.

6 DATE OF BIRTH (month, day, and year) April 8, 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
79	6	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Nelson Cade

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine M. Price

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Arthur H. Robinson
(Address) 1234 Bonaparte Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 " 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-25- , 1928 , to 11-5- , 1928,

that I last saw living on 11-5- , 1928,

and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Right Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) George Elmer Bowden M. D.

11-14-28 (Address) 1517 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 11/8/28

20 UNDERTAKER Mary E. Wittstadt

ADDRESS 53 N Lombard St

Klopf

NOV 14 1928 C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38994
1—PLACE OF DEATH

CERTIFICATE OF DEATH

90

E 38994
REGISTERED NO.

CITY OF BALTIMORE: (No. 1122 W. Cross St. ST., 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Carroll

(a) RESIDENCE NO. 1122 W. Cross ST., 21st. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower Margaret Mc Namara

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kilkenny Ireland

PARENTS

10 NAME OF FATHER John Carroll

11 BIRTHPLACE OF FATHER (city or town) Kilkenny (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. John Coolahan
(Address) 1122 W. Cross St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 28, 1928 to Nov. 5, 1928 that I last saw him alive on Nov. 5, 1928 and that death occurred, on the date stated above, at 9.25 p.m.

The CAUSE OF DEATH* was as follows:

Senility; Myo Carditis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Terminal Broncho Pneu.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? none.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John G Schwartzberg M.D.

19 (Address) 1126 W. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Nov 8 1928
20 UNDERTAKER Chas L. Stevens	ADDRESS 1501 E Fort

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

NOV 8 - 1928 C. H. KELLY, COMPTROLLER, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38995

CERTIFICATE OF DEATH.

89 E 38995

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. S.W.Cor. Howard & Pratt St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Frank

(a) RESIDENCE NO. 2808 Huntington Ave., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minerva E. Frank

6 DATE OF BIRTH (month, day, and year): July 10, 1875.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sharpe & Dohme

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: George W. Frank

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Cole

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mrs. M. E. Frank

(Address): 2808 Huntington Ave.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

NOV 8 1928 Ridge

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Edgar Gilbert, M. D. (Coroner)

11/6 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial: Nov 8 19 28

20 UNDERTAKER: A. S. Marshall ADDRESS: 539 Fall Ave

Spec.—1-10-21—M&T—1500 Blks.

E 38996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 38996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 S. Gilmore ST. 19-28 (WARD)

2-FULL NAME Mildred E. Nolan

(a) RESIDENCE NO. 204 S. Gilmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. P. Nolan

6 DATE OF BIRTH (month, day, and year): July 24 71

7 AGE: Years 57; Months 3; Days 23; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Crowley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Marcella Henderson

(Address) 204 S. Gilmore St

15 Filed, NOV 8 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Nov 6, 1928, that I last saw h alive on Nov 6, 1928, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocarditis Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm R Duncan M. D.

11 6, 1928 (Address) 718 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral. DATE OF BURIAL: 11-9-1928

20 UNDERTAKER: Geo A Farley ADDRESS: 800 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 38997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 38997

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3345 Philadelphia Ave. ST., 26-11 WARD)

2—FULL NAME Doris M. Focht

(a) RESIDENCE NO. 3345 Philadelphia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year): Jan 14 - 1928

7 AGE: Years | Months: 9 | Days: 24 | *If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Conrad Focht

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Helen M. Conrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Conrad Focht
(Address) 3345 Philadelphia Ave

15 Filed NOV 8 1928 19 H. HAVEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1928, to Nov. 7, 1928, that I last saw her alive on Nov. 7, 1928, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Myocardial failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam.

(Signed) Nathan H. Shpritz, M. D.

19 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Nov 9 1928

20 UNDERTAKER: Gus C. Miller & Son

ADDRESS: 2334 E. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38998
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 38998
REGISTERED NO.

CITY OF BALTIMORE: (No.) 1541 Division ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Margaret Walsh

(a) RESIDENCE NO. 1541 Division ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs 4 mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 24-1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
36	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER David C. Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Thomas Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. David C. Walsh
(Address) 1541 Division St.

15 Filed NOV 6 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7- 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Nov 7, 1928, that I last saw h alive on Nov 6, 1928, and that death occurred, on the date stated above, at 3:30 A m

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hygeia Examination

(Signed) Paul Brown, M. D.

11-7, 1928 (Address) 537 Cathedral.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Nov 9 1928

20 UNDERTAKER J. J. Linehan Son

ADDRESS Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS STATEMENT mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38999

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 38999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No.) 2706 N. Charles ST. 12-51 (WARD)

2-FULL NAME George W. Maser

(a) RESIDENCE NO. 2706 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Maser

6 DATE OF BIRTH (month, day, and year): Sept. 27, 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
55	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer): Black Bros, Inc. Retired 9 yrs.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Marcella Ohio.

PARENTS

10 NAME OF FATHER: Wm. A. Maser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wheeling W. Va.

12 MAIDEN NAME OF MOTHER: Mary Saddell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio.

14 Informant: Mrs Margaret E. Maser

(Address) 2706 N. Charles St.

15 Filed NOV 8 1928, 19 C. HARRISON JONES, M. D. Registrar

By Miss

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 7, 1928, that I last saw h[illegible] alive on Nov 6, 19, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. H. Carden M. D.

11/8, 1928 (Address) 3707 Callaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wheeling W. Va

DATE OF BURIAL: Nov 8 1928

20 UNDERTAKER: Wm. J. Fetherston's Sons

ADDRESS: North St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39000 HEALTH DEPARTMENT—CITY OF BALTIMORE 10-001 E 39000

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arthur Stauffer Stauffer

(a) RESIDENCE NO. 509 N Baulding ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Gladys Stauffer

6 DATE OF BIRTH (month, day, and year) April 26-1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Ellis Stauffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Rose Closser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Sydenham Hosp records
(Address)

15 Filed NOV 8 - 1928, 19 C. HAMPSON JONES Registrar
By Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Nov 7, 1928, that I last saw h m alive on Nov 7, 1928 and that death occurred, on the date stated above, at 1 00 A. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Distillena

..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nose + Throat culture

(Signed) A. Eschman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Canton Ohio	11/10 1928
20 UNDERTAKER Williams Cook	ADDRESS 502 L. W. [illegible]

N. B.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bad.

E 39001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39001

CERTIFICATE OF DEATH.

88-103

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hosp (Ward) 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer E Epler

(a) RESIDENCE NO. 511 Ravenswood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lulu H Epler

6 DATE OF BIRTH (month, day, and year): Sept 25 1861

7 AGE: Years 67 Months 6 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. of H.

(b) General nature of industry, business, or establishment in which employed (or employer): Houses

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Levy E Epler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Ecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Sherman H Epler 511 Ravenswood Ave

15 Filed NOV 6 1928 19 C. HAMILTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull Auto accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

11/8 1928 (Address) 1002 Rolland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Pimlico Road & Fair View

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aberdeen Md. Date of Burial 11/8 1928

20 UNDERTAKER: William Cox ADDRESS 502 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Ashland Ave ST.) 10-14 (WARD)

2-FULL NAME John Williams

(a) RESIDENCE NO. 821 Ashland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced (or) WIFE of: Annie Williams

6 DATE OF BIRTH (month, day, and year): [illegible] 1869

7 AGE: Years 59 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Cathe Mumsfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Sarah E. Elliott 1725 Ashlandave.

15 Filed NOV 8 1928 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 30. 19 28. to Nov 5th 19 28.

that I last saw him alive on Nov 4 19 28

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

about (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Enlarged Prostate and Arterio Sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Leonard Dane, M. D.

19 (Address) 937 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lafayette. DATE OF BURIAL: Nov. 8, 19 28

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1725 Ashland Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 39003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1312 W. Mulberry St., 18 (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Walter Turner

(a) RESIDENCE No. 1312 W. Mulberry ST., 18 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Mary Turner

6 DATE OF BIRTH (month, day, and year): March 20, 1893

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
35	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oil

(b) General nature of industry, business, or establishment in which employed (or employer): Stevedore

(c) Name of employer: Atlantic Coast Shipping

9 BIRTHPLACE (city or town) (State or country): Kent Island Md.

PARENTS

10 NAME OF FATHER: Charles Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Island, Md.

12 MAIDEN NAME OF MOTHER: Mary Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Island, Md.

14 Informant: Mary Turner

(Address): 1312 Mulberry St

15 Filed NOV 8 - 1928 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 5 19 28

17

I HEREBY CERTIFY, That I attended deceased from 10 29 19 28, to 11 5 19 28, that I last saw him alive on 11 5 19 28, and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Cardio Exhaustion Pulmo Edema Hypostasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chron Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical History

(Signed) M. Whitehead M. D.

19 (Address) 709 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct

DATE OF BURIAL: Nov 8 1928

20 UNDERTAKER: C. A. Brown & Son

ADDRESS: Normandy

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39004

CERTIFICATE OF DEATH.

E 39004

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 7-9 (WARD)

2-FULL NAME Jane Carpentar

(a) RESIDENCE No. Sandrum, S. C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER John S Carpentar

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Matilda Carpentar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records

(Address)

15 Filed NOV 8 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1928 to Nov 7, 1928

that I last saw h alive on Nov 8, 1928,

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Hypophyseal Tumor malignant

Second

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 8

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trumbo M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Landrum S C	11/18/28
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 39005 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39005

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 Ruxton ave ST. (Ward) 15-18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Politzer

(a) RESIDENCE NO. 1821 Ruxton ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Politzer

6 DATE OF BIRTH (month, day, and year): July 29, 1854

7 AGE: Years 74 Months 3 Days 11 If LESS than 1 day, hrs. or min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired merchant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Ignatius Politzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Doris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William E. Smith (Address) 601 Park Heights Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19 27 to Nov 8 19 28, that I last saw h[illegible] alive on Nov 7 19 28, and that death occurred, on the date stated above, at 5-40 a m.

The CAUSE OF DEATH* was as follows:

Malignant growth of duodenum chem

(duration) yrs 14 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X rays

(Signed) A. F. Ries, M. D.

Nov 8. 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew — DATE OF BURIAL: 11/5/28

20 UNDERTAKER: J. Ahrens & Son — ADDRESS: 2432 Reisterstown Road

NOV 8 1928 H. M. HAMPSON BOYD, M. D. Registrar

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39006

CERTIFICATE OF DEATH.

164 E 39006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philomena Batschung

(a) RESIDENCE NO. Same ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Batschung

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Batschung

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17 I HEREBY CERTIFY, That I attended deceased from No record , 19 to , 19 ,
that I last saw h[illegible] alive on Nov 6 , 1928
and that death occurred, on the date stated above, at 2.45 P. m.
The CAUSE OF DEATH* was as follows:

Senile Dementia

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Sanitorium (duration) 2 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death? Catonsville Road

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Nov 7, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Nov 8 1928

20 UNDERTAKER Rita Winkfield — ADDRESS 914 Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39007

CERTIFICATE OF DEATH

91-002

E 39007

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 408 N. Wolfe ST., 6-9 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah A. Van Newkirk

(a) RESIDENCE NO. 408 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

(a) if married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Van Newkirk

6 DATE OF BIRTH (month, day, and year) Aug. 2-1836

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
92	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Charles L. Fitchett

(Address) 707 N. Kenwood ave

15 Filed ..... 19 ..... Registrar

NOV 8 1928 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7-1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Nov 7, 1928, that I last saw h alive on 11-6, 1928, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

CONTRIBUTORY (Secondary) Progressive Cardiac Asthenia (duration) 1 yrs. mos. ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Jones, M. D.

11/7, 1928 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery

DATE OF BURIAL Nov 9 1928

20 UNDERTAKER George W. Zirkle

ADDRESS 737 E. Eager st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39008

CERTIFICATE OF DEATH.

74-001 E 39008

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 125 N Washington St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Kohles

(a) RESIDENCE NO. 125 N. Washington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Barbara Kohles

6 DATE OF BIRTH (month, day, and year): 3/3/1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Indastry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Kohles

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Barbara Kohles

(Address) 125 N Washington St

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar

NOV 8 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 3 19 28 to Nov 7, 19 28

that I last saw him alive on Nov 7, 19 28

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! ..... Date of .....

Was there an autopsy!

What test confirmed diagnosis! .....

(Signed) William Kyser M. D.

Nov 8 19 28 (Address) 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Date of Burial 11/10 19 28

20 UNDERTAKER: George J Ruth ADDRESS 1730 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Cor.—12-9-25—A Co.—200 Bks.

E 39009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 39009

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at 3-4

City of BALTIMORE: (No. Balt City Hos St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Drake

(a) RESIDENCE NO. 2325 Dulaney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Drake

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Families

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER John Drake

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Jas. M. Hunter.

(Address) 700 S. Caton St.

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. ds.

(Signed) James M Hunter M. D.

(Coroner)

11 6. 1928 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Evergreen Cemetery Nov 8 1928

20 UNDERTAKER ADDRESS

Groop - J. Ruth 1735 Hartford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

E 39010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39010

CERTIFICATE OF DEATH.

* 111-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balt Gen Hospital St., (Ward)

2-FULL NAME Joseph E Benson

(a) RESIDENCE NO. 11th Rd + 12 Ave St., Brooklyn Park WARD A A Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 20 1894

7 AGE: Years 34 Months 0 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Oliver Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Leonhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Lena Benson (Address) Annapolis Rd Brooklyn

15 Filed 1928 C H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928, to Nov 8, 1928, that I last saw him alive on Nov 8, 1928, and that death occurred, on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Ruptured Gastric Ulcer (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/5/28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) William H Chase M. D.

, 19 (Address) So Baltimore Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill DATE OF BURIAL: Nov 13 1928

20 UNDERTAKER: John F Denny ADDRESS: 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39011

E 39011

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Barton st. ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Pasuk.

(a) RESIDENCE NO. 2302 Barton st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 26-1928

7 AGE: Years | Months | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

PARENTS

10 NAME OF FATHER: David Pasuk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Sophia Hanbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: David Pasuk.

(Address) 2302 Barton st

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 8, 1928, that I last saw him alive on Nov. 8, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis Neonatorum

(duration) Hours 3 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsitz, M. D.

, 19 (Address) 432 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cemetery	Nov. 9 1928
20 UNDERTAKER	ADDRESS
George A. Weber	725 S. Ann st.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 8 1928 C. HARRISON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Rks.

E 39012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39012

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 90

CITY OF BALTIMORE: (No. [redacted] ST., WARD) 734

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosie Wengielska

(a) RESIDENCE NO. 620 So. Bond St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prussia, Germany

PARENTS

10 NAME OF FATHER John Horska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928, to Nov. 7, 1928, that I last saw her alive on Nov. 7, 1928 and that death occurred on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic Toxic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema, Bronchial asthma several

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) H. M. Hart, M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov 9 19-28

20 UNDERTAKER F W Brazounki ADDRESS 1930 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39013

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sisters of the Poor St. 10-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Keefer

(a) RESIDENCE NO. Pastor & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE — Years: 93 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Forbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Graven

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sister Superior (Address) Pastor & Valley

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 1928 to ....., 19....., that I last saw her alive on Nov 6, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

uncertain (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Nov 8, 1928 (Address) 1133 Vadey N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 9 1928

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: Greenmount Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 8 1928 HARRY JONES, M. D.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39014

CERTIFICATE OF DEATH

E 39014

REGISTERED NO. 159

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 S. Duncan St. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Wroblewska

(a) RESIDENCE NO. 229 S. Duncan St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 25 1927

7 AGE: Years 1 Months 2 Days 13 IF LESS than 1 day ..hrs. or ..min.. (12)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Bolislaus Wroblewski

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Drzazga

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Bolislaus Wroblewski
(Address) 229 S Duncan St.

15 Filed ..., 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, to Nov. 7, 1928,

that I last saw h... alive on ..., 19..,

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Central Insufficiency

Pneumothorax

(duration) ... yrs. 6 mos. ... da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Casimir Bronowski M. D.

19 (Address) 11/7/28 7579 Easton Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Nov. 9 Date of Burial 1928

20 UNDERTAKER: John M Weber ADDRESS 701 Lochester Av

W 8-30

Spec.—3-10-21—M&T—1500 Bks.

E 39015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39015

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1934 (St.) E. Lafayette Ave (Ward) 8-17

2-FULL NAME William R. Turner

(a) RESIDENCE NO. 1934 (St.) E. Lafayette Ave. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13th, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pass. Ticket Agent

(b) General nature of industry, business, or establishment in which employed (or employer) Old Bay Line

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

PARENTS

10 NAME OF FATHER Wm. B. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Cecilia Nugent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant (Address) Walter R. Turner 1934 E. Lafayette ave.

15 Filed ..., 19... Registrar C. HAMPSON JONES, M. D.

N. B. 8 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1928 to Nov 7 1928

that I last saw h alive on Nov 6 1928

and that death occurred, on the date stated above, at 4 07 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

~~Hypertension~~ Hypertension

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. T. Riley, M. D.

Nov 8 1928 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 11/10/1928

UNDERTAKER E. J. Fanning Inc - 1938 E. Lafayette ave.

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39016 × 40 E 39016

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. 19-28

CITY OF BALTIMORE: (No. ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raleigh Dunaway

(a) RESIDENCE No. 1502 Hollins St. ST. WARD Charles Town, W. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice S. Dunaway

6 DATE OF BIRTH (month, day, and year) Oct 1- 1882

7 AGE — Years 46 — Months 1 — Days 7 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer New York Life Ins. Standardsville Va

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Raleigh Dunaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant P. O. Dunaway (Address) Charles Town W Va

15 Filed . . . 19 NOV 8 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 19 28.

17

I HEREBY CERTIFY, That I attended deceased from November 4th 19 28. to November 8th 19 28.

that I last saw him alive on November 8th 19 28.

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis - caused by - Spontaneous perforation of Coecum - at Ileocecal valve

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) 1 yr 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 26, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) Lewis F. Yeadon, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charles Town W. Va.

DATE OF BURIAL Nov 10 1928

20 UNDERTAKER Harry W. Swityke

ADDRESS 1531 W. Lombard St.

N. B.—WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39017

CERTIFICATE OF DEATH

× 57 E 39017

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4008 Park Hts Ave ST. 15-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Emma Eyler

(a) RESIDENCE NO. Claysburg Pa ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F Eyler

6 DATE OF BIRTH (month, day, and year): aug 28 1868

7 AGE — Years: 60 — Months: 2 — Days: 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Claysburg Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Daisy Schmidt

(Address): 4008 Park Hts Ave

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8/28

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Nov 8, 1928,

that I last saw her alive on Nov 7, 1928

and that death occurred, on the date stated above, at 10 20 AM PM.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis with Nephritis & hypertension

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): diabetes Mellitus

unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Claysburg Pa

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) Wm C Stifler, M. D.

11/8, 1928 (Address) 109 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 11/10-1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Nat

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39018

CERTIFICATE OF DEATH

Duker

111-001 E 39018

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 512 East North ST. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J Dukes

(a) RESIDENCE NO. 512 East North ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette Duker

6 DATE OF BIRTH (month, day, and year) March 24-1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Otto Dukes Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Dukes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Drechsler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jeannette Dukes

(Address) 512 East North

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7th 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 4th, 1928, to Nov 7th, 1928, that I last saw h I M alive on Nov 7th, 1928 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

11 28 1928 (Address) 928 E. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/10 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39019

9/6 9/4 39019

CERTIFICATE OF DEATH.

X 177

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Mildred Sessions

(a) RESIDENCE NO. 910 Jefferson Ave — ST., ... WARD Miami Beach Fla
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-25-07

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Miss —

PARENTS

10 NAME OF FATHER: Whitten Sessions

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss —

12 MAIDEN NAME OF MOTHER: Anna Huter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Reeds —
(Address) 1618 ROCKLAND ROSTON

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.
8-1929 Par.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 15 1928 to Nov. 7 1928

that I last saw her alive on Nov. 7 1928

and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Dial poisoning

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Oskar Diettaley, M. D.

11-8, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jennings La.

DATE OF BURIAL: Nov 8 1928

20 UNDERTAKER: Henry H. Harkins Sons Co.

ADDRESS: McCulloh & Orchard

Spec– 12-23-21– E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39020

CERTIFICATE OF DEATH.

74-001

E 39020

Registered No.

1 PLACE OF DEATH

City of BALTIMORE. (No. 159 W. Henrietta St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Johnson

(a) Residence No. 159 W. Henrietta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced (or) WIFE of Elizah Johnson

6-DATE OF BIRTH (month, day and year) Unknown 1868

7-AGE. 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at Home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Irvin Purnell

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Cora Williams

(Address) 159 W. Henrietta St.

15- Filed. NOV 9 - 1928 192 C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 7 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1928 to Nov. 6 1928

that I last saw h alive on Nov 6 1928

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) P. Garland Purnell M. D.

Nov 8 1928 (Address) 1134 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National

DATE OF BURIAL. 11-8 1928

20-UNDERTAKER. John H Toadvine

ADDRESS 1027 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

Sherman

E 39021 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 39021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore & Gay Sts. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Sherman

(a) RESIDENCE NO. 1103 Mosher Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan T

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hospital Record

(Address) Balto City Hospital

15 Filed NOV 9 1923, 19 C. HAMPDEN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8 1923

17 I HEREBY CERTIFY, That I attended deceased from 10/30 1923 to 11/8 1923

that I last saw h... alive on 11/8 1923

and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Chronic Nephritis

Chronic Myocarditis 5 yrs. mos.

Senile Debility 1 mo.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Fr. Hirsh M. D.

, 19 (Address) 1103 Mosher Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 11/9 1923

20 UNDERTAKER Samuel Ottenberg

ADDRESS 578 N. Eddle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39022

CERTIFICATE OF DEATH.

101-001

E 39022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 660 W. Mulberry ST. 17-21 (WARD)

2-FULL NAME Lucy Garrett.

(a) RESIDENCE NO. 660 W. Mulberry ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mark Garrett.

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: 33 (Years) — (Months) — (Days) — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook — Col

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Richard Jackson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Marie Hudson. (Address) 660 W. Mulberry St.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Nov 6th, 1928, that I last saw h[illegible] alive on Nov 6th, 1928, and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Lobar-Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown M. D.

11/7/1928 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Columbia S.C.

DATE OF BURIAL: 11/10 1928

20 UNDERTAKER: Edward A Stansbury.

ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 39023 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39023

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 337 Fulton St., 20-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Downey

(a) RESIDENCE NO. 337 Fulton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 6th 1863

7 AGE: Years 64 | Months 11 | Days 1 | If LESS than 1 day, ...hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Hanahan Downey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Isabella Hanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Stella C. Downey
(Address) 337 Fulton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Nov. 7th, 1928

that I last saw him alive on Nov. 7th, 1928

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus 1 Years
Arteriosclerosis 2 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? now

What test confirmed diagnosis? Clinical

(Signed) C. Kelly Fleming, M. D.

11/8, 1928 (Address) 7000 Holland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Nov 10th 1928

20 UNDERTAKER: H. B. Wyglendt — ADDRESS: 855 N. Gilmor St

NOV 9 - 1928 C. HAMILTON JONES, M. D. Pro

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39024

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 39024

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 18-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dammann

(a) RESIDENCE NO. 442 N. Fremont Ave., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	11	7	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

057

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Louis H. Dammann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Wm. Dammann (Address) Washington, D. C.

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov. 7, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D. (Coroner)

11/8 19 28 (Address) 2729 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 11/9 19 28

20 UNDERTAKER F. O. Weyforth ADDRESS 150 W. Saratoga St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39025

CERTIFICATE OF DEATH

90 E 39025

1—PLACE OF DEATH

REGISTERED NO. 4-46

CITY OF BALTIMORE: (No.) 702 Bartlett Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles R. Wright Jr

(a) RESIDENCE NO. 702 Bartlett Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Didder

6 DATE OF BIRTH (month, day, and year) Mar 18-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles D. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Byrnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Rose Wright

(Address) 702 Bartlett Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

NOV 9 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 . 19 28 . to Nov 8 . 19 28 .

that I last saw h alive on Nov 7 19 28

and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema & Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation & Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simmons M. D.

19 ..... 19 28 (Address) 702 Bartlett Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Nov 9 1928

20 UNDERTAKER John Ullrich ADDRESS 2108 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39026

39026

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 112 Scott St ST. 18-29 WARD)

2-FULL NAME Anna Elizabeth Buettner

(a) RESIDENCE NO. 112 Scott St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos Chas. Buettner.

6 DATE OF BIRTH (month, day, and year): Sept 25th 1887.

7 AGE — Years: 41 — Months: 1 — Days: 13 — If LESS than 1 day, hrs. or min.: 17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas F Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Anna T Rooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mr Joseph Chas Buettner

(Address): 112 Scott St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1925 to Nov 5 1928

that I last saw her alive on Nov 5 1928

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Dr Tompkins, M. D.

19 (Address) 61 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov 10 1928

20 UNDERTAKER: John J Cowan & Co.

ADDRESS: 901 Lin

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 6 1928 HAMILTON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

39027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74E 39027

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 337 S. Calhoun ST. 19-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry E. Lee

(a) RESIDENCE No. 337 S. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs 9 mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16/15

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	13	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) O W D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Harry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Zula Cloyland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Harry E. Lee

(Address) 337 S. Calhoun St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 6 1928 to Nov 6 1928, that I last saw h alive on Nov 6 1928, and that death occurred, on the date stated above, at 4:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Paralysis - Convulsions

(duration) about 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions & Cardiac degeneration (duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. C. Knight, M. D.

Nov 7, 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 11/9 1928

20 UNDERTAKER Harry J. Leitch — ADDRESS 153 N. Gombard St

N. B.—WRITE PLAINLY, WITH CARBON PAPER UNDER THIS SURFACE. ALL ITEMS OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 5 1928 C. HAMILTON, M. D.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39028

CERTIFICATE OF DEATH

E 39028

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 N. Fulton Ave. St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Caroline Mortimer Davis

(a) RESIDENCE NO. 705 N. Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Dr Jesse Russell Davis

6 DATE OF BIRTH (month, day, and year): June 23. 1871

7 AGE: Years 57 Months 4 Days 13 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Housewife 037

(b) General naturc of industry, business, or establishment in which emplnyed (or employer):

(c) Name nf employer

9 BIRTHPLACE (city or tnwn): Lynchburg (State or country) Virginia

PARENTS

10 NAME OF FATHER: Jas. Mortimer

11 BIRTHPLACE OF FATHER (City or town): (State or country) Lynchburg Virginia

12 MAIDEN NAME OF MOTHER: Caroline Read

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Lynchburg Va.

14 Informant: Jesse R Davis (Address) 705 N Fulton ave

15 Filed NOV 9 - 1928 39 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to Nov. 7, 1928, that I last saw her alive on Nov. 6, 1928, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

Hepatitis

(duratinn) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) — yrs. — mos. — ds

18 Where was disease cnntracted if not at place nf death? —

Did an nperation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnnsis? Clinical methods

(Signed) George C. Shannon, M. D.

(Address) 700 Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg Va. Date of Burial 11/10/28

20 UNDERTAKER: Harry F. Wilkie ADDRESS 1531 N. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39029

CERTIFICATE OF DEATH

29

E 39029

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 423 Scott ST., 21-29 WARD)

2—FULL NAME Margaret F. Smith

(a) RESIDENCE NO. 423 Scott ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Smith

6 DATE OF BIRTH (month, day, and year) October 29, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	-	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Adam Geise

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Ellen Davis
(Address) 1103 Nanticoke Street

15 Filed NOV 9 1928, 19 Robt Hayes M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Nov 6, 1928, that I last saw her alive on Nov 6, 1928 and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) 1 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary) none

(duration) - yrs. - mos. - ds.

18 Where was disease contracted If not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Analysis Etc.

(Signed) Chas Norton, M. D.

11/7/28 (Address) 888 W. Lombard Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 10, 1928
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 West Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39030

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4628 Reisterstown Rd (St.) 27-53 (Ward) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stork

(a) RESIDENCE NO. 5310 Yorkwood Rd (St.) (Ward) 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5310 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, ~~Married, Widowed, or Divorced (write the word)~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1/23 "08

7 AGE Years 20 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Meier Bros - 5310 York Rd

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John A Stork

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabelle McDougall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sister

(Address)

15 Filed NOV 9 - 1928, 19 — H. L. Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/ to 11/7 28, 19, that I last saw h alive on 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration

Contributory (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Stork, M. D.

11/8, 19 28 (Address) 1 Hopkins Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Nov 10 1928

DATE OF BURIAL

20 UNDERTAKER Jos J Henderson

ADDRESS Fayette & Fulton

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

(Brown)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39031

CERTIFICATE OF DEATH

40 E 39037

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST., 1 7-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Brown

(a) RESIDENCE NO. 639 West Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Unknown

14 Informant Hospital Record (Address) 500 Division St

15 Filed 9-1928, 19 C. HAMPSON JONES, M. D., Registrar Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7-28

17 I HEREBY CERTIFY, That I attended deceased from 11-6, 19 28, to 11-7, 19 28

that I last saw h in alive on 11-7, 19 28

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis Gonococcus

Secondary to Ethmoid

Retro-Orbital abscess

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 11/7/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) B Hamm, M. D.

, 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charles Woods	Nov 10 1928
20 UNDERTAKER H. Calvert	ADDRESS 1106 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39032

CERTIFICATE OF DEATH

44 E 39032

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 N Duncan St.) (WARD) 8-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Agnes Emry

(a) RESIDENCE NO. 1831 N Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George A Emry

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Emry

(Address) 1831 N Duncan St

15 Filed 9-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1927, to Nov 7, 1928, that I last saw her alive on Nov. 7, 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Spinal Metastases

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D Peck M. D.

11/8, 1928 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudown Cem

DATE OF BURIAL 11/10 1928

20 UNDERTAKER W M Cook

ADDRESS 502 E Lexington

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Tallon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39033

CERTIFICATE OF DEATH

4+ E 39033

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S Glover ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Cirsens

(a) RESIDENCE NO. 603 S. Glover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Cirsens

6 DATE OF BIRTH (month, day, and year): Nov 25. 1863

7 AGE: Years 64 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Conrad Cirsens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Corpew & Cirsens

(Address) 603 S Glover St

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

Nov 8 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1928 to Nov 9 1928

that I last saw him alive on Nov 8 1928

and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tallon, M. D.

11/9/1928 (Address) 3N. S. Highland Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 11, 12 1928

20 UNDERTAKER: J M Cook

ADDRESS: 501 E Monument

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39034

E 39034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Monastary Ave ST. 20-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Kapraun

(a) RESIDENCE NO. 118 Monastary ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Frank J. Kapraun

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Joseph Lichert

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Barnhart

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Joseph F. Kaprauni

(Address) 2814 Christopher Ave Hamlt

15 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1928, to Nov 8, 1928, that I last saw her alive on Nov 8, 1928 and that death occurred, on the date stated above, at 8 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Fred T Kyper, M. D.

, 19 (Address) 3321 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	11/10 1928
20 UNDERTAKER	ADDRESS
W. Fahey & Sons	1527 N Howard St

V 9 - 1928

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39035 001 74 E 39035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) ST. 3-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unknown

(a) RESIDENCE NO. Patient found at Public Baths 131 So High St. unconscious ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	not known

5a If married, widowed, or divorced HUSBAND of or) WIFE of "

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nothing obtained

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER no relatives found

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-18, 1928, to 10-29, 1928, that I last saw him alive on 10-29, 1928, and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left. with right hemiplegia and aphasia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. M. Slack, M. D.

, 19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 9-1928 C. HAMPSON JONES, M. D., Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS NOV 9 - 19

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

12-001 ✓

E 39036

CERTIFICATE OF DEATH.

12 E 39036

1-PLACE OF DEATH Pronounced dead at 3rd Ward St. 12-21 Ward)

City of BALTIMORE: (No. 3rd Ward St.

2-FULL NAME James Clark

(a) RESIDENCE NO. Not known St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Not Known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) do do

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1928 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3d 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral softening, Hyper-tropic Cirrhosis Liver & Duodenal Ulcers

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H. Fenton, M. D. (Coroner)

Oct 6, 1928 (Address) 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

NOV 9 - 1928

Per Ann E. Woodall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39037

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002 E 39037

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... ST. 27-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Sproul

(a) RESIDENCE NO. 4309 Harford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. mos. ds. How long in U. S., if foreign birth? ... yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William C. Sproul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Marie G. Breunig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14

Informant Sydenham Hosp. Records

(Address)

15

Filed ..... 19 .....

10 1928

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928, to Nov 9, 1928, that I last saw him alive on Nov. 9, 1928, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Meninges & Pneumococcal Neural Disturbance

..... (duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

..... (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) Dr Boehman, M. D.

11/9, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov 10 1928

20 UNDERTAKER Henry Horch & Son — ADDRESS 1301 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 39038

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Marx

(a) RESIDENCE NO. 2902 O'Donnell ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 DATE OF BIRTH (month, day, and year) unknown

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katerinka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records Dept

(Address) BALTIMORE CITY HOSPITALS

15 Filed 10 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-1928

17 I HEREBY CERTIFY, That I attended deceased from 9-23 1928, to 11-9 1928, that I last saw him alive on 11-9 1928 and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Hark M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster	11-12 1928
20 UNDERTAKER	ADDRESS
Stephen J. Fullerton	1000 Westwood

Important. See instructions on back of certificates.

Spec. — 1-10-21 — M&T — 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39039

CERTIFICATE OF DEATH.

75-001

E 39039

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1233 Bayard ST. 21-28 (WARD)

2-FULL NAME Julia A Adkins

(a) RESIDENCE NO. 1233 Bayard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex Adkins

6 DATE OF BIRTH (month, day, and year) Sept 23 1864

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
64	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George W Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Heath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alex Adkins

(Address) 1233 Bayard St

15 Filed 10 1928 19 C. HAMPSON JONES, M. D. Registrar

Par —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8- 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928 to Nov 8, 1928

that I last saw her alive on Nov 8, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs 3 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lyford Dain M. D.

(Address) 1111 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov. 19 28

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 W Lexington St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39040 38 E 39040

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospital, W. Lee WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Tyree

(a) RESIDENCE NO. ~~2426~~ Francis ST., 2 Mc Tavish St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Georgianna Tyree

6 DATE OF BIRTH (month, day, and year) Aug 9, 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) odd

(c) Name of employer

9 BIRTHPLACE (city or town) Madison Co. (State or country) Va

PARENTS

10 NAME OF FATHER Daniel Tyree

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jane Adams

(Address) 2426 Francis St

15 Filed ..., 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 8th, 1928, that I last saw h/ alive on Nov 8 1928 and that death occurred, on the date stated above, at 3 35 P. m.

The CAUSE OF DEATH* was as follows:

Anemia & Cardiac Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. Hampson Jones, M. D.

, 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery

DATE OF BURIAL Nov 11, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39041 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 39041

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 902 W 37th St. ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence T. Redman

(a) RESIDENCE NO. 902 W 37th St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 26 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Edward M. Redman

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Catherine Valle

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Bertha Redman
(Address) 902 W 37th St

15 Filed 10 1928 C. HAMPSON JONES, M. D. Registrar
By CAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from October, 1922, to Nov. 8, 1928, that I last saw h[illegible] alive on Nov. 8, 1928 and that death occurred, on the date stated above, at 11:15 a m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptomatology

(Signed) Grover M. Settle M. D.

11/9, 1928 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Nov 12 1928

20 UNDERTAKER C Henry Thorn ADDRESS 3615 Clifton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39042 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39042

135

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md. General Hospital (St.) 12-51 (Ward)

2-FULL NAME Louis F. Carnall

(a) RESIDENCE No. 2711 Huntingdon Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Louis F. Carnall

6 DATE OF BIRTH (month, day, and year) June 2, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John D Carnall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alexandria Va

12 MAIDEN NAME OF MOTHER Proctor

13 BIRTHPLACE OF MOTHER (city or town) Long Green Md.

14 Informant (Address) Hospital records.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-10-28. 19 . to 11-7 . 19 28. that I last saw him alive on 11-7 - 19 28 and that death occurred, on the date stated above, at 4.40 a m.

The CAUSE OF DEATH* was as follows:

Prostatism

(duration) 2 yrs ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10-13-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) W. A. Simpson M. D.

11/7/28 (Address) 1715 Eutaw Pl

*Give the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Nov 10, 1928

20 UNDERTAKER Chenow & Son. ADDRESS 3616 Chestnut ave

N. B.—WRITE PLAINLY. WITH CONSULTATION ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39043

CERTIFICATE OF DEATH

57 E 39043

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 1205 N. Lexington ST. 18-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Bushnell

(a) RESIDENCE NO. 1205 N Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Everett D Bushnell

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: George Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md

12 MAIDEN NAME OF MOTHER: Lena Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

14 Informant: Everett D Bushnell

(Address): 1205 N Lexington St

15 Filed: 10 1928 C. HAMPSON JONES, M. D. Registrar

By: ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 to Nov 7 1928

that I last saw her alive on Nov 6 1928

and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Lankford M. D.

Nov 28 1928 (Address) 1444 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 11/10 1928

20 UNDERTAKER: H Cook

ADDRESS: 512 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-081 E 39044

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1613 Rutland av ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Wm Griesman

(a) RESIDENCE NO. 1611 Rutland av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~: Margaret Griesman

6 DATE OF BIRTH (month, day, and year): July 19 61

7 AGE: Years 67 | Months 4 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balty

PARENTS

10 NAME OF FATHER: Julius C. Griesman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Griesman

(Address) 1613 Rutland av

15 Filed ....., 19.... Per ..... Registrar

C. HAMPSON JONES, M. D.

10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9th 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1926, to Nov 7th, 1928, that I last saw h.. alive on Nov 7th 1928, and that death occurred, on the date stated above, at 8 50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage.

..... (duration) 2 yrs. — mos. ds.

CONTRIBUTORY (Secondary): Coma

..... (duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robert A. Kirk, M. D.

11/9, 1928 (Address) 312 Hanford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bath Cem — DATE OF BURIAL: Nov 12 1928

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39045 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39045

CERTIFICATE OF DEATH.

REGISTERED NO. 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cambridge Arms Apts. St. 12-44 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Ware

(a) RESIDENCE NO. Cambridge Arms Apts. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 63 yrs. 2 mos. 30 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Ware

6 DATE OF BIRTH (month, day, and year) Aug-9-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	65	2	30 M	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Manager of the 086

(b) General nature of industry, business, or establishment in which employed (or employer) Heyward Bros.-Wakefield

(c) Name of employer Company's Baltimore Offices

9 BIRTHPLACE (city or town) Philadelphia (State or country) Penna

PARENTS

10 NAME OF FATHER John Ware

11 BIRTHPLACE OF FATHER (city or town) Bridgeton (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Maria Swain

13 BIRTHPLACE OF MOTHER (city or town) Cape May (State or country) New Jersey

14 Informant Mrs Ida M. Ware (wife)

(Address) Cambridge Arms Apts. Balto.

15 10 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1928, to Nov 8 1928,

that I last saw him alive on Nov 8 1928

and that death occurred, on the date stated above, at 7p m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis (or Hemorrhage)

(duration) few hours — yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? during his life.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Morris Streett, M. D.

, 19 (Address) 712 Park Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Nov-10-1928

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) — ADDRESS 108 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. I TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-22 E 39046

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Hosley

(a) RESIDENCE NO. 1354 Woodland ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmale	colred	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) nov, 4, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Marshall Hosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Daisy Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Daisy Hosley.
(Address) 1354 Woodland St

15 Nov 10, 1928 C. HAMPSON JONES, M. D.
Registrar

NOV 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/28

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Nov 8th, 1928.

that I last saw her alive on Nov 8th, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hemorrhage Because of New Born

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal puncture

(Signed) B. Klein M. D.

, 19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Nov 10 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39047

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital (WARD) 244

2—FULL NAME Catherine Johnson

(a) RESIDENCE NO. 1319 Madison Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 8, 1927

7 AGE: Years: 1 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Oscar Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Laura Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Laura Johnson

(Address): 1319 madison ave.

15 Filed , 19

C. HAMPSON JONES, M. D.

Per Registrar

V 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8, '28

17

I HEREBY CERTIFY, That I attended deceased from 10/22/28, 19 , to 11/8/28, 19 28

that I last saw her alive on Nov 7/28, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Dysentery & Otitis Media

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11 8, 1928 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: mt Auburn cemetery

DATE OF BURIAL: nov 10 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Pressman St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39048

CERTIFICATE OF DEATH.

gvE 39048

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5204 Plainfield Rd WARD 41

2-FULL NAME Regina Swift Myer

(a) RESIDENCE NO. 5204 Plainfield ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ira L. Myer

6 DATE OF BIRTH (month, day, and year) Apr 23 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James H Swift

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Sinclair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ira L Myer
(Address) 5204 Plainfield Ave

15 Filed NOV 10 1928, 192 Per Acw C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 28 192

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

(Signed) W. J. Fahy, M. D.
(Coroner.)

Nov. 9, 192 8 (Address) 1639 Brady

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Nov 12 192 8

20 UNDERTAKER John O. Mitchell Son ADDRESS Pikesville Pike

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

198 E 39049

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital St. 4-24 Ward)

2-FULL NAME Richard Moore

(a) RESIDENCE NO. 5 S. Fremont Ave., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Moore

6 DATE OF BIRTH (month, day, and year) Jan. 5, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Joseph Moore (Brother)

(Address) 1725 Ashland Ave.

15 Filed NOV 10 1928 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab wound of abdomen.
Homicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

11/9 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 418 Pearl St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Nov 13 1928

20 UNDERTAKER Mrs. R. A. Elbert ADDRESS 1725 Ashland Ave.

If the certificate is incomplete or unsatisfactory, it will be returned to you for correction. Certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39050

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 39050

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Hunt

(a) RESIDENCE NO. 1224 W. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hunt.

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER David

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Susan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 C. HAMPSON JONES M. D. Registrar

NOV 10 1928 By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8-28

17 I HEREBY CERTIFY, That I attended deceased from 8-4, 1928, to 11-8, 1928, that I last saw him alive on 11-8, 1928 and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. myocarditis; myocardial insufficiency, Infarcts in Lungs & Kidneys (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [redacted] M. D.

19 [redacted] 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Nov. 10 1928
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 725 Carlton Ave

Be sure all items are answered, as this may be the only certificate. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39051

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-01

E 39051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Edmondson Av. St., 19-16 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Britain

(a) RESIDENCE NO. 1319 Edmondson Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Britain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edward Britain

(Address) 1319 Edmondson Av.

15 Filed NOV 10 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 19 28, to Nov 9, 19 28

that I last saw h[illegible] alive on Nov. 9, 19 28

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) B. M. J Fatcher, M. D.

11/10, 19 28 (Address) 1005 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Nov. 10 1928

20 UNDERTAKER Jno. M. Johnson — ADDRESS 1234 Etting St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 10 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39052 E 39052

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 22-30 WARD)

2—FULL NAME James Tynes

(a) RESIDENCE (No. 735 Eisler ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	West Indian	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie

6 DATE OF BIRTH (month, day, and year)

7 AGE 45 Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-5-28

17 I HEREBY CERTIFY, That I attended deceased from 10-26, 1928, to 11-5, 1928, that I last saw him alive on 11-5, 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Infarction of left Cerebrum with rt Hemiplegia and aphasia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Luetic Aortitis - Cardiac Hypertrophy (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Sn. Black, M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	11/10 1928
20 UNDERTAKER J. J. Fahey Sons	ADDRESS 1328 Light

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39053

37-002

CERTIFICATE OF DEATH.

REGISTERED NO. 9637

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. (C.H.) WARD

2-FULL NAME Robert W. Stump

(a) RESIDENCE NO. Baltimore City Hospitals ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician's helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Stump

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Koohus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

14 Informant Hospital Records

(Address)

15 Filed NOV 10 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Nov. 4, 1928, that I last saw h in alive on Nov. 4, 1928 and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute disseminated tuberculosis.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

11-5-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 11/10/28

20 UNDERTAKER F. J. Foley Sons — ADDRESS 315 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39054

CERTIFICATE OF DEATH.

X 45 E 39054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3436 W. Virginia Ave ST. 7-16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gussie Franklin

(a) RESIDENCE NO. 3436 W. Virginia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Franklin

6 DATE OF BIRTH (month, day, and year) Circa 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	X	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Chas Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Estelle Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Miss Daisy Franklin
(Address) 3436 W. Virginia Ave

Filed NOV 11 1928 HAMPSON JONES, M. D. Registrar

By Rose

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/10 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, to Nov. 10, 1928,

that I last saw her alive on Nov. 7, 1928,

and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Large Intestine

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 9/4/28

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. B. Boyd, M. D.

, 19 (Address) 4619 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. DATE OF BURIAL Nov 11 28

20 ~~UNDERTAKER~~ Rentzel & Love ADDRESS 1723 N. Fulton Ave

mation should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39055 | 39055

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2716 W North Ave ST. 15-6 WARD)

2-FULL NAME Nellie L Miller

(a) RESIDENCE NO. 2716 W North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 ~~Single, Married,~~ Widowed, or Divorced, ~~(write the word)~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W Miller

6 DATE OF BIRTH (month, day, and year) May 15 1867

7 AGE Years 61 Months 5 Days 25 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lizzie Bruns (Address) 2716 W North Ave

15 Filed NOV 11 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1928 to Nov. 10th 1928.

that I last saw h alive on Aug 10th 1928.

and that death occurred, on the date stated above, at 8-35 A. m.

The CAUSE OF DEATH* was as follows:

Senility - Hypertension

over

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Uremia cond.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 3048 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery DATE OF BURIAL Nov 12 1928

20 UNDERTAKER Fortmeyer & Poe ADDRESS [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104-002

REGISTERED NO. E 39056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1134 Brewer St. 17-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Hicks

(a) RESIDENCE NO. 1134 Brewer St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [redacted] 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) [redacted] Va

PARENTS

10 NAME OF FATHER Attorney Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Stella Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Attorney Hicks (Father) (Address) 927 Rutland Ave

15 Filed NOV 11 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Nov 8, 1928, that I last saw h alive on Nov 7, 1928, and that death occurred, on the date stated above, at 11[10] P. m.

The CAUSE OF DEATH* was as follows:

Endo- and Peri-Carditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Tonsillitis (Septic)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R T Young, M. D.

11/13, 1928 (Address) 1429 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 11-11 1928

20 UNDERTAKER Byron Wright — ADDRESS 1218 W. Eldeny

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39057

CERTIFICATE OF DEATH.

40 E 39057

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's (Sta.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brother Melchior

(a) RESIDENCE No. St. Michael's Rectory (St.) 9 Wolfe St & 64 Bolton Lombard (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Van Der Minde

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Ramler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Rev. H. Lochorst

(Address): 7 S Wolfe St

Filed NOV 11 1928, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 10, 1928, that I last saw h[illegible] alive on Nov. 10 1928, and that death occurred, on the date stated above, at 2 45 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Cardiac Decompensation
General anasarca

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Nov 13 1928

DATE OF BURIAL

20 UNDERTAKER: Martin W. E. Dippel Inc

ADDRESS: 312 E Lee St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 39058

CERTIFICATE OF DEATH

100 E 39058

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 106 S. Washington ST 2-4 WARD)

2—FULL NAME Paris Fogle

(a) RESIDENCE NO. 106 S. Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Fogle

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Balto St

15 Filed NOV 11 1928 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/10/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928 to Nov. 10, 1928

that I last saw him alive on Nov. 10, 1928

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Isaacs, M. D.

, 19 (Address) 1912 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	11/11 1928
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St

important. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39059

CERTIFICATE OF DEATH.

100 E 39059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 201 E. 23rd ST. 17-50 WARD)

2-FULL NAME Schsolik Levin

(a) RESIDENCE NO. 201 E. 23rd ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 23 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Levin

6 DATE OF BIRTH (month, day, and year): Not Known 1865

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. ... or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor (retired)

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs. Jennie Greenberg (daughter)

(Address) 2522 Quantico Ave.

15 Filed NOV 11 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-9-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-7, 1928, to 11-9, 1928, that I last saw h(im) alive on 11-9, 1928, and that death occurred, on the date stated above, at 10 45 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary): Senility.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically.

(Signed) Samuel Schsolik, M. D.

11/9, 1928 (Address) 3914 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 11/11 1928

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E. Saltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39060

CERTIFICATE OF DEATH.

E 39060

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) 1 3-34 ST. (WARD) 12

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Friedlander

(a) RESIDENCE NO. 2305 Whitter ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Isaac Friedlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Friedlander

(Address) 2305 Whitter ave

Filed NOV 11 1928 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11 1928

17 I HEREBY CERTIFY, That I attended deceased from November 3 1928, to November 11 1928, that I last saw him alive on November 11 1928, and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Friedrich & Wolf M. D.

11-14-1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 11/11 19 28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39061

CERTIFICATE OF DEATH.

E 39061

REGISTERED NO. 1615

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital ST. 15-21 WARD

2-FULL NAME Baby boy Sachs.

(a) RESIDENCE No. 2002 Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/9/28.

7 AGE Years Months Days

If LESS than 1 day, 4 hrs. or 3 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Md. Gen. Hospt.

PARENTS

10 NAME OF FATHER Sol Sachs.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Sottie Midas.

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant (Address) Hospital records.

15 Filed NOV 11 1928 HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/10 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/9/28, 19, to 11/10/28, 19, that I last saw him alive on 11/10/28, 19, and that death occurred, on the date stated above, at 4:35 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity - congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

11/10 19 (Address) Md. Gen. Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Friendship

DATE OF BURIAL: 11-11- 1928

20 UNDERTAKER: Jack Levine

ADDRESS: 1439 E Bala

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39062

CERTIFICATE OF DEATH.

× 90 E 39062

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Pimlico Race Track~~ St. 97-55 Ward

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Gottsmann

(a) RESIDENCE NO. 1238 E St. & N.W. Wash., D.C. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Gottsmann

6 DATE OF BIRTH (month, day, and year): Oct 15/1873

7 AGE — Years: 55 Months: 0 Days: 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plater

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town):

(State or country): Washington & D.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Wash., D.C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Wash., D.C.

14 Informant: Mrs. Elsie Gottsmann

(Address) Washington, D.C.

Filed NOV 11 1928

C. HAMPSON JONES, M. D.

By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chrl Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Cook M. D.

(Coroner)

11/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C — Date of Burial: 11/1 1928

UNDERTAKER: Ullmann Cook — ADDRESS: 501 E Wash

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39063

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1115 ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassandrew Sadler.

(a) RESIDENCE No. 1204 St Paul ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping Clerk
(h) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer P. R. R.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm A Sadler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Magill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs A Lee
(Address) 2029 E Madison St

15 Filed NOV 11 1928 HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Nov 10, 1928, that I last saw him alive on Nov 10, 1928, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with Right Sided Hemiplegia

(duration) yrs. 1 mos 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A M Barranco, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill, Towson — DATE OF BURIAL 11 13 1928

20 UNDERTAKER W M Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MATTER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—2-29-28—L. F. S.—500 Bks.

E 39064 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 39064

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 806 S. Luzerne ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Kowalewski

(a) RESIDENCE NO. 806 S. Luzerne av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7-26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Kolebuk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Kowalewski
(Address) 806 S Luzerne av

15 Filed NOV 11 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov 9, 1928.

that I last saw h[illegible] alive on Nov. 9 1928

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Convulsions

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kwiatkowski, M. D.

11/11, 19 28 (Address) 2039 Eastern av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov 12. 1928
20 UNDERTAKER	ADDRESS
F. W. Ozazewski 1936	Eastern av

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39065 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 39065

CERTIFICATE OF DEATH.

117

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. ST., 5-8 WARD)

2-FULL NAME Robt. Bertha Ayers

(a) RESIDENCE No. 917 E. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? Frank Ayers

6 DATE OF BIRTH (month, day, and year) May 7/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) New Jersey

10 NAME OF FATHER Theodore Conger

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Carrie Liebleim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Hospital Records

(Address) .....

15 Filed NOV 11 1928 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-6, 19 28, to 11-10, 19 28,

that I last saw h ed alive on 11-10, 19 28

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis with Peritonitis

(duration) yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchis Pneumonia

(duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 11-6-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) John R. Mason, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether (Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem't

DATE OF BURIAL Nov 13 1928

UNDERTAKER William Cator & Son

ADDRESS E Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39066 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39066

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 956 N. Howard ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Scott

(a) RESIDENCE NO. (Usual place of abode) 956 N. Howard ST. WARD

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm. Scott

6 DATE OF BIRTH (month, day, and year) — — 1893

7 AGE: Years 35; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Alexandria Va

10 NAME OF FATHER: James Page

11 BIRTHPLACE OF FATHER (City or town) (State or country): Alexandria Va

12 MAIDEN NAME OF MOTHER: Chloe Ashby

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Alexandria Va

PARENTS

14 Informant: Samuel Page (Address) 2541 Mace St

Filed NOV 11 1925, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1925 to Nov. 5th 1925, that I last saw her alive on Nov 7th 1925, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Coryema due to Pneumonia

(duration) yrs. √ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chisolm M. D.

11/9, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: 10-11-25

20 UNDERTAKER: Mark C. Elliott — ADDRESS: 1725 Eastland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103

E 39067

CERTIFICATE OF DEATH.

E 39067

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Josephs Hospital St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver J. Wardell

(a) RESIDENCE NO. 2793 Alameda Blvd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Wardell

6 DATE OF BIRTH (month, day, and year) October, 10th. 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Wholesale Corp.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Wardell

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Gardner

13 BIRTHPLACE OF MOTHER (City or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Annie L. Hehn

(Address) Alameda Blvd.

15 Filed NOV 11 1928 19

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November, 8th. 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-Ruptured Urinary Pladder. Struck By automobile at Preston & Washington Sts.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. Kollen M. D.

(Coroner)

11/8 1928 (Address) 508 East North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Nov 12 1928

UNDERTAKER Joseph R. Cook ADDRESS 1113 W. Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39068 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-001 E 39068

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 Ashburton ST., 16-68 (WARD)

2-FULL NAME Rosa E. Bosch.

(a) RESIDENCE NO. 607 Ashburton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Bosch.

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58.	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Micheal Murphy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Jane McGlone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Rosalie Bosch.. (Address)

15 Filed 11 1928 . 19.. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 28 1928 to Nov 7 1928, that I last saw her alive on Nov 7 1928, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Right side

(duration) ~ yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis (duration) ~ yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) John A. Freland M. D.

11/11, 1928 (Address) 1219 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 11/11 1928

UNDERTAKER Geo. Fraley ADDRESS Fulton & Fayette

mation should be carefully supplied. AGE should be stated in YEARS. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

CV

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39069 E 39069

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 Covington ST. 24-34 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Amelia Schmidt

(a) RESIDENCE NO. 1403 Covington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. R. Schmidt.

6 DATE OF BIRTH (month, day, and year) Dec 20th 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs L.C. Trumpf

(Address) 1403 Covington St.

15 Filed NOV 11 1928, 19

C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.8.28 19

17 I HEREBY CERTIFY, That I attended deceased from Aug. - 1926, 19 to 11.8.28. 19,

that I last saw her alive on 11.8.28. 19,

and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Previous Hemorrhage Aug. 1926
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical only

(Signed) Philip B. Fowler, M. D.

11.8.28. 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 12th 1928

20 UNDERTAKER Leo G. Leook — ADDRESS 1723 Pall St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39070

CERTIFICATE OF DEATH

74-001

E 39070

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 70-64 ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James F. Dowell

(a) RESIDENCE NO. 2213 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. not given

6 DATE OF BIRTH (month, day, and year) Aug 16 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 62

(c) Name of employer Welch Cement Co

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James T Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 11 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-28

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 19 28, to 11-9, 19 28, that I last saw him alive on 11-9, 19 28 and that death occurred, on the date stated above, at 7 45 P m.

The CAUSE OF DEATH* was as follows:

Cretral Hemorrhage, left Rt. Hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, Left

several years (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Case

(Signed) H M Slack, M. D.

11/10/28 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Nov 13 1928

20 UNDERTAKER John F Denny ADDRESS 715 Light St

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2195-E 39071 E 39071

CERTIFICATE OF DEATH.

X 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Tully

(a) RESIDENCE NO. 305 E. Dallas St - Sparrows ST., DT - WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25th 1868

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber Helper

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem 059

(c) Name of employer Steel Co Md

9 BIRTHPLACE (City or town) Havastraw N-Y-
(State or country)

PARENTS

10 NAME OF FATHER Chas - Tully -

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Bridget - Corley

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 11 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1928. to Nov. 7, 1928.

that I last saw him alive on Nov. 7, 1928.

and that death occurred, on the date stated above, at 5:00 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Nov. 7, 1928

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) H. C. Smith, M. D.

11/8, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross ad. G | DATE OF BURIAL NOV 12 1928

20 UNDERTAKER John F Denny | ADDRESS 715 Lisbon St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. NOTE: In order that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 39072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 East St. 1-3 WARD)

2-FULL NAME Julia Elliott

(a) RESIDENCE NO. 2218 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: James J. Elliott

6 DATE OF BIRTH (month, day, and year): May 2, 1875

7 AGE: Years 53 yrs. Months 5 Days 17 (18) If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Michael Gornowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James J. Elliott (Address) 2218 E. Lanvale St.

15 Filed NOV 11 1928 19 By C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1928, to Nov. 9, 1928, that I last saw her alive on Nov. 9, 1928, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver with generalized metastasis

(duration) [redacted] yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carleton, D. C.

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) Chas J Faughn, M. D.

11/10 1928 (Address) 2001 E. Baltimore.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Nov. 12, 1928

20 UNDERTAKER: Kendall & Hayward.

ADDRESS: 2004 E. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-001

E 39073

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Mill Race Road 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank E. Ray.

(a) RESIDENCE NO. 1516 Mill Race Road. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6, 1924.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	4.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Frank Ray.

11 BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country) md.

12 MAIDEN NAME OF MOTHER Annie R. Redman

13 BIRTHPLACE OF MOTHER (city or town) md.
(State or country)

14 Informant Frank Ray.
(Address) 1516 Mill Race Road.

Filed NOV 11 1928 CHAMPION JONES, M. D. Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10, 1928.

17 I HEREBY CERTIFY, That I attended deceased from 11-7 1928 to 11-10 1928,

that I last saw him alive on 11-7 1928

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
Coronary Failure

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Coronary Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Frankson M. D.

, 19 (Address) 9 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Hampden	Nov 12, 1928.

20 UNDERTAKER Chenoweth & Son ADDRESS 3615 Elerton St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39074

CERTIFICATE OF DEATH.

31 E 39074

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 764 Mosher St. 14-20 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Williams

(a) RESIDENCE NO. 764 Mosher ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Williams

6 DATE OF BIRTH (month, day, and year): 11/24/1854

7 AGE — Years: 74 — Months: — Days: — If LESS than 1 day, hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Public

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Theodore Williams
(Address): 764 Mosher St

15 Filed 12 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/5 1928, to 11/17 1928, that I last saw him alive on 11/9 1928, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonic Phthisis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ike M. D.

(Address) 727 Mosher Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: 11-13 1928

20 UNDERTAKER: George P. A. Gibson | ADDRESS: 1735 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39075

CERTIFICATE OF DEATH.

12-001

12 E 39075

1-PLACE OF DEATH West Baltimore General — REGISTERED NO.

CITY OF BALTIMORE: (No.) — ST., 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Veditz

(a) RESIDENCE NO. 2650 Harlington Ave — ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka Veditz

6 DATE OF BIRTH (month, day, and year) May 18, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newburgh, N.Y.

PARENTS

10 NAME OF FATHER Theodore Veditz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Lauber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rose M. Veditz

(Address) 2650 Harlington Ave

15 Filed DEC 12 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10, 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-19, 1928, to 11-10, 1928,

that I last saw him alive on 11-10, 1928

and that death occurred, on the date stated above, at 9:35 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholic Cirrhosis of Liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + Autopsy

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 11/13 1928

20 UNDERTAKER W. M. Cook — ADDRESS 507 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39076

CERTIFICATE OF DEATH

E 39076

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2725 Huntingdon Ave ST., 12 WARD)

2—FULL NAME Robert F. McDermott

(a) RESIDENCE NO. 2725 Huntingdon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State) New York

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced—HUSBAND of (or) WIFE of Gertrude McDermott

6 DATE OF BIRTH (month, day, and year) Feb 15, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Man

(b) General nature of Industry, business, or establishment in which employed (or employer) do

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Albany, N. Y.

PARENTS

10 NAME OF FATHER James McDermott

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Catherine McGee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mrs. Gertrude McDermott

(Address) 2725 Huntingdon

15 Filed Nov 12, 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928 to Nov 9, 1928, that I last saw h alive on Nov 9, 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Coroner's Morning

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Nov 10, 1928 (Address) 113 W. 25th St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Nov 12 1928
20 UNDERTAKER	ADDRESS
J. M. Cook	122 E. Monument

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39077

CERTIFICATE OF DEATH.

90 E 39077

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1504 Kenwick St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosella Burkhardt.

(a) RESIDENCE NO. 1504 Kenwick St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph A. Burkhardt

6 DATE OF BIRTH (month, day, and year): Oct 28 1858

7 AGE — Years: 48 — Months: 0 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo W. Lowman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Joseph A Burkhardt

(Address): 1504 Kenwick St

Filed 19 C. HAMPSON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and (Autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular disease of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Lee Morrow M. D.

(Coroner)

11/10 1928 (Address) 1632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 11/12 1928

20 UNDERTAKER: H. M. Cook — ADDRESS: 502 E Watson

NOV 19 1928

Attention should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39078

CERTIFICATE OF DEATH

101-001

E 39078

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 E Chase ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Doris M. C. Shockey.

(a) RESIDENCE NO. 2244 E Chase ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 3. 1926

7 AGE: Years 2 | Months 6 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Arthur B Shockey.

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S.

12 MAIDEN NAME OF MOTHER: Viola V. Angelis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Arthur B Shockey.

(Address) 2244 E Chase St

15 Filed NOV 12 1928 19 WAMPLER JONES, M. D. Registrar

Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 19 28 to Nov 9 19 28 that I last saw her alive on Nov 9 19 28 and that death occurred, on the date stated above, at 6 55 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Cardiac Dilatation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral Congestion

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Dwyer M.D.

11-10-28 (Address) 100 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 11 12 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 301 E. Madison

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39079

CERTIFICATE OF DEATH

90 E 39079

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 427 West 23rd ST. (WARD) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George E Carter

(a) RESIDENCE NO. 427 West 23rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Carter

6 DATE OF BIRTH (month, day, and year): June 8. 1849

7 AGE — Years: 79 — Months: 5 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tower retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City of Balto

9 BIRTHPLACE (city or town) (State or country): Balto County Md

PARENTS

10 NAME OF FATHER: Joshua Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Ellen Trudgeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Annie Carter

(Address): 427 W 23rd St

15 Filed: 19 HAMILTON JONES, M. D. Registrar

NOV 19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Nov 10, 1928, that I last saw him alive on Nov-10, 1928 and that death occurred, on the date stated above, at 11.45 A M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Senile degeneration

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rosser L Ross, M. D.

11-19, 1928 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cathedral

DATE OF BURIAL: 11 14 19 28

20 UNDERTAKER: H M Cook

ADDRESS: 502 E Madison

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39080

CERTIFICATE OF DEATH

90 ✓

E 39080

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Wilkins Av ST. 25-7K WARD)

2—FULL NAME Harriett Elizabeth Lumsden

(a) RESIDENCE NO. 3015 Wilkins Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 26 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Maryland

PARENTS

10 NAME OF FATHER William Lumsden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard County Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard County, Maryland

14 Informant Mrs Virginia Hiett.

(Address) Laurel Md.

15 Filed NOV 12 1928 WILLIAM H. JAMESON JONES, M. D. Registrar

Date —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Nov 9th, 1928, that I last saw h[er] alive on Nov 9th, 1928, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Schaefer, M. D.

, 19 (Address) 2331 Hayford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Nov. 12 1928

20 UNDERTAKER George L. Schwab ADDRESS 401 Fulton Ave

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39081 — REGISTERED NO. 39081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 Wilhelm ST. 19-28 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry N. Schultz,

(a) RESIDENCE NO. 1818 Wilhelm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Minnie Schultz,

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	15	

8 OCCUPATION OF DECEASED 045

(a) Trade, profession or particular kind of work Produce Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer) On Street for Self.

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Syracuse N. Y.

PARENTS

10 NAME OF FATHER Henry N. Schultz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany,

14 Informant Carl E. Frantz, (Address) 2088 Fait Ave.

15 Filed NOV 12 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Nov. 9, 1928, that I last saw h— alive on Nov. 9, 1928; and that death occurred, on the date stated above, at 12.35 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Autopsy

(Signed) Thos. Horton, M. D.

19 (Address) 8832 Loreland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Nov. 12 1928

UNDERTAKER George L. Schulz ADDRESS 810 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39082

E 39082

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Thomas Halsey

(a) RESIDENCE NO. 508 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Dk Known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): ccrtificate

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): new york

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Stoner

(Address) Anapolis Md

15 [illegible] C. HAMPSON JONES, M. D. Registrar

NOV 12 1928

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-10 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-11 1928, to 11-10 1928,

that I last saw him alive on 11-10 1928

and that death occurred, on the date stated above, at 7.30 P.m.

The CAUSE OF DEATH* was as follows:

auricular fibrillation

cardiac Hypertrophy

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Generalarteriosclerosis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Xray & Phys. Exam.

(Signed) Dr R M. Ericson, M. D.

1928 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park

DATE OF BURIAL: Nov. 12 1928

20 UNDERTAKER: John A. Moran

ADDRESS 2000 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39083

CERTIFICATE OF DEATH

90 E 39083

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 Lakewood St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Sommers

(a) RESIDENCE NO. 1316 Lakewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sommers

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	64	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. City

(State or country)

PARENTS

10 NAME OF FATHER Martin Sommers

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kraus

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary E. Sommers

(Address) 113 N. Lakewood ave

15 Filed NOV 12 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928 to Nov 9, 1928

that I last saw him alive on Nov 8, 1928

and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. da.

CONTRIBUTORY Exhaustion

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/12/28 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — Date of Burial Nov. 12 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39084

CERTIFICATE OF DEATH.

51

E 39084

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1628 N Wolfe ST. 8-17 WARD)

2-FULL NAME Margaret Jane Roeltger

(a) RESIDENCE NO. 1628 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman Roeltger

6 DATE OF BIRTH (month, day, and year): Dec 26 1901

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
26	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machine operator

(b) General nature of industry, business, or establishment in which employed (or employer): Boys suits

(c) Name of employer: Sharp Bros

9 BIRTHPLACE (city or town) Darlington

(State or country) Harford Co Md

PARENTS

10 NAME OF FATHER: Fred. Singleton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Harford Co md

12 MAIDEN NAME OF MOTHER: Smith (Mary)

13 BIRTHPLACE OF MOTHER (city or town) Darlington

(State or country) Harford Co Md

14 Informant: Mrs Mary Singleton

(Address) 1437 Patterson Pl.

15 Filed NOV 12 1928, 19.. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928, to Nov 11th 1928, that I last saw living alive on Nov. 10th 1928 and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Endocarditis

(duration) yrs. 1 mos. 22 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) JE Poultge, M. D.

11/11, 1928 (Address) 3909 Gamon Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 12 1928

20 UNDERTAKER: Leo S. Cook

ADDRESS: 1723 Patapsco Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 12 1928

Spec.—1-10-21—M&T—1500 Blks.

E 39085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39085

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1230 Penna Ave ST., 17-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Dillman

(a) RESIDENCE NO. 1230 Penna ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Myrtle Jones (Address) 1230 Penna Ave.

15 Filed NOV 12 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1928 to Nov 9 1928.

that I last saw h[illegible] alive on Nov 9 1928.

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. N. Hatch M. D.

11/9, 19 28 (Address) 1115 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL Nov 12 1928

20 UNDERTAKER Mrs. Kate R. Williams ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Hds.

E 39086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-901 E 39086

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 200 E. Read St 11-15 Ward)

2-FULL NAME Wm H. Webb

(a) RESIDENCE NO. 200 E. Read St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Married Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 76 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired antique

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Shop

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Chas. Webb

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Hester Cox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

PARENTS

14 Informant: Mrs. Samuel L. Scott

(Address): Sandy Springs Md.

Filed DEC 12 1928 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Duration (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. T. Hinkel (Coroner) M. D.

Nov 11, 19 28 (Address) 659 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial 11-13 1928

20 UNDERTAKER: Henry W. Jenkins Sons Co. — ADDRESS Eutaw & Lanvale

DEC 12 1928

DEATH CERTIFICATE. Should be carefully prepared. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 39087

CERTIFICATE OF DEATH.

E 39087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2409 Ashland ave. (WARD) 12

2-FULL NAME Baby of Bennie & Edna Lustman

(a) RESIDENCE NO. 2409 Ashland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9. 1928

7 AGE	Years	Months	Days 2	If LESS than 1 day, ... hrs or ... min
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bennie Lustman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Edna Knopf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. Lustman

(Address) 2409 Ashland ave

15 Filed NOV 12 1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 11, 1928,

that I last saw him alive on Nov 11, 1928

and that death occurred, on the date stated above, at 2:30 P m

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Nov. 12 1928 (Address) 1570 N Fremont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolphin Rosedale — DATE OF BURIAL 11/12 1928

20 UNDERTAKER A. J. Lennon & Bro — ADDRESS 1127 E Baltimore St

CAUSES OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 V

E 39088

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2317 N. Stockton St. 15 Ward) 54

2-FULL NAME Frank Preston

(a) RESIDENCE NO. 2317 N. Stockton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 1889

7 AGE — Years: 39 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Helper on Ice 040

(b) General nature of Indnstry, business, or establishment in which employed (or employer): and Coal Wagon.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md. (State or country)

PARENTS

10 NAME OF FATHER Jas. Preston

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Newton

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Lena Freeman

(Address) 1855 Hanover St

Filed NOV 12 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 8th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aorto Mitral Regurgitation

(duration) yrs. 3 mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Coroner) M. D.

(Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. National Cemetery Date of Burial NOV 12 1928

20 UNDERTAKER Thomas E. Kelan ADDRESS 333 Pleasant St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DUE Should be entirely supplied. And should be stated EXACTLY. PHYSICIANS should state CAUSE

Spec.—1-10-21—M&T—1500 Blks.

E 39089 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-09 39089

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 Eislen St. 27-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beulah Smith

(a) RESIDENCE NO. 737 Eislen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 15, 1404

7 AGE: Years 24 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: @ home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Agusta Smith

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Givens

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Sarah Givens (Address) 737 Eislen

12 1928 C. 19 HAMPSON JONES, M. D. Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/6, 1928, to 11/9, 1928, that I last saw her alive on 11/8, 1928, and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) David Francken M. D.

11/12 1928 (Address) 122 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL 11/12 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 130 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39090
1—PLACE OF DEATH

CERTIFICATE OF DEATH

90

E 39090
REGISTERED NO.

CITY OF BALTIMORE: (No. 712 Aisquith St ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Philip Kanarr

(a) RESIDENCE NO. 717 Aisquith St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if foreign birth? 26 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kanarr

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 80

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hirsh Kanarr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sohl —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Kanarr

(Address) 717 Aisquith St

15 Filed NOV 12 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Nov 11, 1928, that I last saw h. alive on Nov 11 1928 and that death occurred, on the date stated above, at 10 30 9 m.

The CAUSE OF DEATH* was as follows:

Ch myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

11/11, 1928 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rum — DATE OF BURIAL 11/12/28

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt St

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39091

CERTIFICATE OF DEATH.

36 E 39091

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hospital ST. WARD)

2-FULL NAME Richard Geo. Coombs

(a) RESIDENCE NO. 709 N. Carrollton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Seoman Coombs

6 DATE OF BIRTH (month, day, and year): Feb. 14, 1880

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jorge Coombs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Records

(Address)

15 Filed: DEC 12 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10, 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/8, 1928, to 11/10, 1928

that I last saw him alive on 11/10, 1928

and that death occurred, on the date stated above, at 6 22 p m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Cerebro Spinal Meningitis (duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes — What test confirmed diagnosis? Clinical

(Signed) J. Edmondson M. D.

11/10 1928 (Address) So. Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Peters Cem

DATE OF BURIAL: 11-12-28

20 UNDERTAKER: David Carter

ADDRESS 916 Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39092

CERTIFICATE OF DEATH.

198

E 39092

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cicero Smith

(a) RESIDENCE NO. 611 Gilbert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Harry Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Carrie Hill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Walter Smith (Brother)

(Address) 553 Hoffman St.

Filed NOV 12 1928 G. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab wound of abdomen

Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General peritonitis.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zellert, M. D. (Coroner)

11/12 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 611 Gilbert St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk, Va. Date of Burial: 11/12 192 8

20 UNDERTAKER: Daniel Easton ADDRESS: 916 Penna. Ave.

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39093

CERTIFICATE OF DEATH

73 E 39093

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph B. Goetz

(a) RESIDENCE: (No. 818 S. Curley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 9 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Goetz.

6 DATE OF BIRTH (month, day, and year) Jan. 14th 1887

7 AGE: Years 41 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill wright 046

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Emanuel Goetz

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kunigunda Fattinger

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Records

(Address): BALTIMORE CITY HOSPITALS

15 Filed NOV 12 1928 J. THOMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-28

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 1928, to 11-10, 1928, that I last saw him alive on 11-10, 1928 and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Transverse Myelitis at 10th Dorsal Vertebra

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) J. M. Hirsh, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

20 UNDERTAKER: Lilly + Zeiler Inc.

DATE OF BURIAL: Nov 14 1928

ADDRESS: 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bkt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39094

CERTIFICATE OF DEATH

90 E 39094

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 O. Donnell ST., 26 WARD) 26-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Scherr

(a) RESIDENCE NO. 5007 O. Donnell ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margt. Scherr.

6 DATE OF BIRTH (month, day, and year) Mch 4 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Christian Scherr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Zellinger

(Address) 5007 O. Donnell St

15 Filed NOV 12 1928 HALTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10th 28

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Nov 10, 1928 that I last saw h— alive on Nov 7, 1928 and that death occurred, on the date stated above, at 9 15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

CONTRIBUTORY (Secondary) (duration) Gradual yrs. mos. ds.
Chronic Myocarditis
(duration) Gradual mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tilson, M. D.

11/12/1928 (Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov 13th 1928
UNDERTAKER: Lilly + Julien Inc.	ADDRESS: 409 S. Wolfe St.

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Scales

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39095

CERTIFICATE OF DEATH.

74 E 39095

REGISTERED NO.

1-PLACE OF DEATH St. Joseph's Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1925 N. Hoh ed. ST. 4-18 (WARD)

2-FULL NAME Stephen J. Scale

(a) RESIDENCE NO. 1925 Hoyt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret M. Scales

6 DATE OF BIRTH (month, day, and year) Dec 26 1867

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	60	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Marble

(c) Name of employer: Cutter

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Patrick Scale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anna Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Margaret M. Scales
(Address) 1925 Hoyt st.

15 Filed NOV 12 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 10, 1928,

that I last saw him alive on Nov 10, 1928,

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. Mezzera, M. D.

, 19 28 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy. DATE OF BURIAL: Nov. 13. 1928

20 UNDERTAKER: Geo. J. Rutt's ADDRESS: 1135 Hoyt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103 V

E 39096

1-PLACE OF DEATH E 39096

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 9-18 Ward)

(If death occurred in a hospital or institution; give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Schutte

(a) RESIDENCE NO. 1833 Aisquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schutte

6 DATE OF BIRTH (month, day, and year) Jan 15/1855

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
72.	~~72~~	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John ~~Schussler~~ Schutte.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ~~Unknown~~ anna m. Schussler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ~~Germany~~ Md.

14 Informant Celia Schutte

(Address) 1833 Aisquith St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock- Frac. Rt. Arm & Bruises. Accidently struck by automobile at Washington and Monument Sts

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. H. Bacon M. D.

(Coroner)

11;11/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemty. Date of Burial Nov 13 1928

20 UNDERTAKER George F. Ruth ADDRESS 1735 Hanford ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39097

CERTIFICATE OF DEATH

REGISTERED NO. E 39097

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 E Fort Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth A. Davis

(a) RESIDENCE NO. 602 E Fort Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Benton E. Davis

6 DATE OF BIRTH (month, day, and year) Jan 5. 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos A Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susan Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Lelia Sawyer

(Address) 602 E Fort Ave

15 Filed DEC 12 1928, HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Nov 11, 1928, that I last saw h alive on Nov 11, 1928, and that death occurred, on the date stated above, at 9. a. m. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? — (duration) 1 yrs. mos. ds.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Burhelle M. D.

12/12, 1928 (Address) 1279 Milliam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Not Buried

DATE OF BURIAL 11/14 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fort Ave

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr J Kunzy Knight & Arnold

HEALTH DEPARTMENT—CITY OF BALTIMORE

14-001

E 39098

CERTIFICATE OF DEATH

E 39098

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Carswell ST. 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John L. Butler

(a) RESIDENCE NO. 1502 Carswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Melvina L Butler

6 DATE OF BIRTH (month, day, and year) June 30, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	76	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor Retired 37

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road 37

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Dennis L Butler

11 BIRTHPLACE OF FATHER (city or town) Frederick Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A Franklin

13 BIRTHPLACE OF MOTHER (city or town) Frederick Co (State or country) Md

11 Informant Emmett N. Butler

(Address) Catonsville Md

FILED DEC 2-1928 T. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Nov 10, 1928, that I last saw him alive on Nov 10, 1928 and that death occurred, on the date stated above, at 10:30 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

11 12 28 (Signed) Fritz J Kunzer, M. D.

(Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11 13 1928
20 UNDERTAKER Wm Cook	ADDRESS 503 E Fait Ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39099

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. Edgewood Sanatorium ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Riggs

(a) RESIDENCE NO. 407 N Front ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Riggs

6 DATE OF BIRTH (month, day, and year) Aug 4, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Kittle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Martin Riggs

(Address) 407 N. Front St

15 Filed 12 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 11, 1928, that I last saw her alive on Nov 11, 1928 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arteris sclerosis with hypertension

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H Streett, M. D.

11/12 1928 (Address) 1445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 11 14 1928

20 UNDERTAKER W M Cook

ADDRESS 532 E Fort Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39100

CERTIFICATE OF DEATH

E 39100

1—PLACE OF DEATH

REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. 2141 Huntingdon Ave ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edmund B. Moore, Jr.

(a) RESIDENCE NO. 2141 Huntingdon Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Edmund B. Moore

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER C. Eliza Tallman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Miss Frances X. Moore

(Address) 2141 Huntingdon Ave.

15 Filed ..., 19 ... C. HAMPSON JONES, M. D.
For ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-17, 1928, to 11-10, 1928

that I last saw h... alive on 11-10, 1928

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Hampson Jones M. D.

11. 11. 1928 (Address) 112 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Nov. 13-1928
20 UNDERTAKER Horace F. Burgee	ADDRESS 343 Hall Road

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39101

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 S Glover St., 1-B 90 Ward)

2-FULL NAME. Antonina Butkowiak

(a) Residence No. 815 S Glover St., 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. · How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer). 37

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Poland

PARENTS.

10-NAME OF FATHER. Joseph Butkowiak

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Cecilia Modrowska

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14-

(Informant). Joseph Butkowiak

(Address). 815 S Glover St

15-

Filed. NOV 12 1928 HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov-10-28

17- I HEREBY CERTIFY, That I attended deceased from Nov, 1928 to Nov 10 1928

that I last saw h. alive on Nov 10 1928

and that death occurred, on the date stated above, at 8-30 p m

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(Duration) unknown

CONTRIBUTORY (Secondary) chronic myocarditis

(Duration) yrs. unknown ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank A. Jannuzzelli M. D.

11/12, 1928 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus Cem

DATE OF BURIAL. Nov 12, 1928

20-UNDERTAKER. S. J. Fialkowski

ADDRESS 1000 S. Kenwood Ave

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks. See Letter in file from Dr B Harris, changing age on Dec 20-1928

E 39102 HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 39102

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 4-18

CITY OF BALTIMORE: (No. Provident Hospital, | 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Thompson

(a) RESIDENCE NO. 530 Laurens L St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced: ~~Single~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Thompson

6 DATE OF BIRTH (month, day, and year): ~~Feb 27~~ 1877 or 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	~~51~~	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Portville Va.

PARENTS

10 NAME OF FATHER: Cicero Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mamie Thompson
(Address) 530 Laurens St

15 Filed NOV 12 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Nov 9, 1928, that I last saw h/M alive on Nov 8 a 1928 and that death occurred, on the date stated above, at 6:25 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P B Harris M. D.

Nov 11, 1928 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	11 12 1928
UNDERTAKER: Samuel Steinsky & Co	ADDRESS: 1128 Dolphin

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39103

CERTIFICATE OF DEATH

129 ✓ E 39103

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 128 E. 23rd ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Phyllis F. Taylor

(a) RESIDENCE NO. 428 E. 23rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeffery Taylor

6 DATE OF BIRTH (month, day, and year): Sept 15 1873

7 AGE: Years 54 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Aug[illegible] Co. Va

PARENTS

10 NAME OF FATHER: [illegible] Strathmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hannah Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Jeffery Taylor

(Address) 428 E. 23rd St

Filed NOV 12 1928 HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 9, 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Nov. 9, 1928

that I last saw her alive on Nov. 9, 1928

and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 10 mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 10 mos. 28 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinary

(Signed) Louis A. Johnson, M. D.

, 19 (Address) 2329 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem

DATE OF BURIAL: 11 12 1928

20 UNDERTAKER: Samuel Hensley

ADDRESS 538 Bradford

IMPORTANT.—See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—300 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39104

CERTIFICATE OF DEATH

23

E 39104

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Evelyn Pfarr

(a) RESIDENCE NO. 2435 E. Biddle ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 4-1918

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9 —	10 11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robert Pfarr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Beckett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sydenham Hosp. records

(Address) .....

15 Filed ..... 19 ..... Registrar

V 12 1928 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, to Nov. 10, 1928, that I last saw her alive on Nov 10, 1928 and that death occurred, on the date stated above, at 1 to P m.

The CAUSE OF DEATH* was as follows:

Acute Encephalitis Lethargica

..... (duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonia

Terminal (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) H. Laufman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery — DATE OF BURIAL Nov. 13 1928

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

Important. See instructions on back of certificate

Spec.—1-10-21—M&T—1500 Bks.

E 39105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001

E 39105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Boots, Gen. Hosp. (St., or W. WARD)

2-FULL NAME Albert Thomas Pridgeon

(a) RESIDENCE NO. 918 N. Chester St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Sarah E. Pridgeon

6 DATE OF BIRTH (month, day, and year) June 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Ob?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Albert Pridgeon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records

(Address)

15 Filed DEC 12 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/7, 1928, to 11/10, 1928,

that I last saw h(i)m alive on 11/10, 1928,

and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration), yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Unimportant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Schuhmann M. D.

11/10, 1928 (Address) St. Boots, Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge cem DATE OF BURIAL Nov. 14 1928

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DV 12 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39106

CERTIFICATE OF DEATH

100-001 E 39106

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3228 Toone ST., 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thelma L. Brandt

(a) RESIDENCE NO. 3228 Toone ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 9 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	-	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Leroy E. Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mollie Reckenbrugen

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore, Md.

14 Informant Leroy E. Brandt
(Address) 3228 Toone St.

15 Filed NOV 12 1928, 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 11, 1928, that I last saw her alive on Nov. 10, 1928 and that death occurred, on the date stated above, at 12 35 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John J. Finger, M. D.

Nov 11, 1928 (Address) 1 W Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel cem

DATE OF BURIAL Nov 12 1928

20 UNDERTAKER George N. Zinkan

ADDRESS 1737 E. Eager St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39107

CERTIFICATE OF DEATH

129 E 39107

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 9 I. ST. 13-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lazarus M. Fisher

(a) RESIDENCE NO. Esplanade Apts. 9 I. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia M. Fisher

6 DATE OF BIRTH (month, day, and year) May 16th. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Musician

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER ------ Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Louis Fisher

(Address) Esplanade Apts. 4 B.

15 Filed NOV 12 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1927, 19 .., to Nov 11, 1928, that I last saw him alive on Nov 11, 1928, and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) Louis E. Mayer, M. D.

11/11, 19 28 (Address) Esplanade Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	10/13/ 19 28

20 UNDERTAKER David Sondheim

ADDRESS 118-120 W. Mt. Royal Ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39108

CERTIFICATE OF DEATH.

74-001 ✓ E 39108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5228 Billair Rd ST. 27-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Stein

(a) RESIDENCE NO. 5228 Billair Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Stein

6 DATE OF BIRTH (month, day, and year) Dec 12 1841

7 AGE	Years	Months	Days	16 LESS than 1 day, hrs or min
	86	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired RR

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nathan H Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Lannie M Stein (Address) 5228 Billair Rd

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

V 121928 Pmt

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7- 1928 to Nov- 10 1928

that I last saw him alive on Nov 10 1928

and that death occurred, on the date stated above, at 7—am

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs — mos — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dr. J. Thomas Gibson, M. D.

1928 (Address) 1001 E Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edmondson Cemetery

DATE OF BURIAL Nov 13 1928

20 UNDERTAKER H. M. Martin

ADDRESS 2222 W Fayette St

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 39109

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 129 E 39109

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave. St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Soloman C. Yearley

(a) RESIDENCE NO. Woodstock, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 76 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

*(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Thomas C. Yearley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Eliz. Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Jenkins Memorial Hospital Rose Catonsville

15 Filed NOV 12 1928

16 C. HAMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12 - 1928 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8-17 1928 to 11-12 1928

that I last saw alive on 11-12 1928

and that death occurred, on the date stated above, at 9.45 a m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis (Interstitial)

Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 9-11-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) [illegible] M. D.

, 19 (Address) 804 Calvert Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cem Rockville — Date of Burial: 11/14/28

20 UNDERTAKER: Scott M Storm — ADDRESS: Ellicott City

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Blanks should be carefully supplied. Any space in which no entry is made should be marked "None."

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39110 — 129 — E 39110

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 48 22 Park Ave St. 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Reed

(a) RESIDENCE NO. 48 22 Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Reed

6 DATE OF BIRTH (month, day, and year): Feb 13 1850

7 AGE — Years: 78 — Months: 9 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: John Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Cornwall England

12 MAIDEN NAME OF MOTHER: Margaret Eslick

13 BIRTHPLACE OF MOTHER (city or town): Cornwall

(State or country): England

14 Informant: Isabel J. Reed

(Address): Daughter

15 Received: NOV 12 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov 11 - 1928

17

I HEREBY CERTIFY, That I attended deceased from active 19 28, to Nov 11th 19 28,

that I last saw h[illegible] alive on Nov 10th 19 28,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Mitral Aortic Regurgitation

Chronic Nephritis

Arteriosclerosis Hypertension

(duration) 2 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary): H Carcinoma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Beverly Anthony, M. D.

11, 19 28 (Address) 405 N Payson st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freedom Cemetery — Date of Burial: Nov 13 1928

20 UNDERTAKER: Waesrooms Inc. — ADDRESS: Sykesville Md.

OV 12 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 100-001 E 39111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 W FAYETTE ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME PETRONE PRANCKEVICIENE

(a) RESIDENCE No. STEMMERS RUN M.D. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. 1 ds. How long in U. S., if of foreign birth? 30 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antany

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	52	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER Adom Masolunas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER D.Lubiute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Antany Pranckevicus

(Address) Stemmers Run M.D.

15 Filed NOV 12 1928 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10- 1928.

17 I HEREBY CERTIFY, That I attended deceased from 11-9- 1928 to 11-10- 1928, that I last saw her alive on 11-10- 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Thos. C. Blake M. D.

11-12- 1928 (Address) 719 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 13 1928

20 UNDERTAKER: John Greblinskas — ADDRESS: 4238 Pen

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39112 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 39112

CERTIFICATE OF DEATH.

Master 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Clemens ST. 25 WARD) 2325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Karig

(a) RESIDENCE NO. 2401 Clemens ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Anton Shenk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Agnes Shenk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: John Karig

(Address): Montpelier

15 Filed DEC 12 1928 Registrar: E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11- 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-9- , 1928 to 11-11- , 1928

that I last saw him alive on 11-11- , 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Omen M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer no. 44

DATE OF BURIAL: 1928

20 UNDERTAKER: John Grebiauckas

ADDRESS: 423 S Pon

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39113

CERTIFICATE OF DEATH.

38 E 39113

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 22-6 WARD)

2-FULL NAME Michael J. Doyle

(a) RESIDENCE NO. 15 E. Lee st ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept. 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margt. Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mt Hope Retreat Mt Hope Retreat

Filed NOV 12 1928 Date

CHAMPION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Nov 11, 1928, that I last saw him alive on Nov 11, 1928, and that death occurred, on the date stated above, at 5.55 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis.

(duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Neuro-Syphilis

(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Milton P. Dell, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. — DATE OF BURIAL Nov. 14th 28

20 UNDERTAKER Charles F. Dill — ADDRESS 3109 Frederick Av

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39114

CERTIFICATE OF DEATH.

154-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 14 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Stevens

(a) RESIDENCE NO. Joppa, Md. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hosp. Records

(Address)

15 Filed NOV 12 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Hopk.) (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mongolian Idiot

(duration) yrs. mos. ds.

(Signed) J. [illegible] Collins M. D.

(Coroner)

11/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Lutheran Cemetery Date of Burial 11/14 1928

20 UNDERTAKER Howard K McComas ADDRESS Glen Arm, Md.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39115

CERTIFICATE OF DEATH.

118-002 E 39115

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 W. Le Fayette St.) (16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Leif

(a) RESIDENCE NO. 1413 W. Le Fayette Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: School

6 DATE OF BIRTH (month, day, and year): Feb 6 1920

7 AGE: Years 8 Months 8 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

10 NAME OF FATHER: John Leif

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Williams

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

PARENTS

14 Informant: John Leif

(Address) 1413 W. Le Fayette

Filed NOV 13 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) .....yrs. .....mos. One ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Nov 13th 1928 (Coroner) H. Leland M. D.

(Address) North Bel Air

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: 11-12-28

UNDERTAKER: Daniel Easton ADDRESS 916 Ostend

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-01 E 39116

1-PLACE OF DEATH

City of BALTIMORE: (No. 919 Shield St., 17-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enid Laws.

(a) RESIDENCE NO. 919 Shield St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): July 2—1927

7 AGE: Years 1 Months 5 Days 10

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Franklin Laws

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Ella Feney

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Franklin Laws

(Address): 919 Shield St

15 Filed NOV 13 1928 19 C. HAMPTON JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Nov 12 (Address) Coroner's Dept

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 11-13-28

20 UNDERTAKER: Daniel Easton ADDRESS 5/A Penna ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39117

CERTIFICATE OF DEATH

74-001

E 39117

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3416 Holmes ~~and~~ 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME E. Lane Shipley

(a) RESIDENCE NO. 3416 Holmes ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed or Divorced~~, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Lee Shipley

6 DATE OF BIRTH (month, day, and year) Jan 30 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman 3rd

(c) Name of employer City Fire Department

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Burk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Alice Lee Shipley

(Address) 3416 Holmes ave

15 Filed NOV 13 1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 19 28, to Nov. 7, 19 28,

that I last saw him alive on Nov. 7, 19 28

and that death occurred, on the date stated above, at 7:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy).

(duration) Immediate yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Frank H. Ogden, M. D.

19 (Address) 15 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery.	Nov. 13 1928
20 UNDERTAKER	ADDRESS
Geo. F. Rust	1735 Harford ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39118

CERTIFICATE OF DEATH

129 E 39118

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Hare ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph . W. Whitten

(a) RESIDENCE NO. 138 N. Hare st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Whitten

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Whitten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Evans.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore.

14 Informant Frank Lennhoff

(Address) 138 N. Hare st.

15 Filed Nov. 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 10, 1928, that I last saw him alive on Nov 9 1928 and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Arterial Hypertension

Chr. Nephritis

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff Acute Cardiac Dilatation

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Lay M. D.

, 19 (Address) 1526 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Jan 13. 1928.

20 UNDERTAKER Geo. F. Pentz ADDRESS 1735 Harford ave

Spec.—1-10-21—M&T—100 Bks.

E 39119

21959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-09 E 39119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 74-35 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Girl Derbyshire

(a) RESIDENCE No. 1365 Asbre St. Front St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-5-28

7 AGE: 6 days (Years / Months / Days; If LESS than 1 day, hrs. or min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Victor Derbyshire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Cora Sibrowis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Parents

(Address)

NOV 13 1928

F. C. HAMPSON JONES, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-11th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov-4 1928, to Nov-11 1928,

that I last saw h[illegible]e on Nov-11 1928,

and that death occ[illegible] the date stated above, at 11.30 a. m.

The CAUSE OF [illegible]* was as follows:

Prematurity.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Examination

(Signed) J. C. Goodwin M. D.

11/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross R.C. Cem.

DATE OF BURIAL: Nov 13 1928

20 UNDERTAKER: Chas. L. Sterner

ADDRESS: 1501 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39120

CERTIFICATE OF DEATH

100-001 V

E 39120

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Belnord Ave. ST. 7-N WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Raymond Bender.

(a) RESIDENCE NO. 703 N. Belnord Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 27 ds. How long in U. S., If foreign birth? yrs. 0 mos. 27 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Baby.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		5 6.	28 27,	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Bender.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Rose Zakolsky.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland.

14 Informant Joseph Bender.

(Address) 703 N. Belnord Ave.

15 Filed NOV 13 1928 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 19 28, to Nov 12 19 28, that I last saw h[illegible] alive on Nov 12 19 28, and that death occurred, on the date stated above, at 9:35 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) Anaemia (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Bagby, M. D.

11/12/28 (Address) 702 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Eden Hill Cemetery. Wed	Nov. 14, 1928.
20 UNDERTAKER	ADDRESS
August Pasek.	2406 E. Oakland Ave.

Instructions on the back of this certificate

Spec.—1-10-21—M&T—1500 Blks.

39121

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 v

E 39121

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lincoln Protestant

CITY OF BALTIMORE: (No. 1213 S Ligett ST., 22-33 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Emma Mann

(a) RESIDENCE NO. 20 E Church ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 2) 1910

7 AGE: Years 18 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Jane Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1928, to Nov 9, 1928.

that I last saw her alive on Nov 9, 1928;

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dan'l E Miller, M. D.

, 19 (Address) 1213 S Ligett

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) John Lynch 20 E Church

15 Filed Nov 10 1928, 19[illegible] C. HAMPSON JONES, M. D. Registrar.

19 PLACE OF BURIAL, CREMATION OR REMOVAL CALVARY

DATE OF BURIAL 11. 12 19[illegible]

20 UNDERTAKER D. L. Parham

ADDRESS 929 Benam st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

arba

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39122

CERTIFICATE OF DEATH.

57 E 39122

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1817 W Balto St. 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C. Bast

(a) RESIDENCE NO. 1817 W Balto St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married, widowed, or divorced~~ (or) ~~HUSBAND of~~ WIFE of: John H Bast

6 DATE OF BIRTH (month, day, and year): April 4, 1856

7 AGE — Years: 72 | Months: 7 | Days: 6 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone ft

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Philip Schad

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Hemmin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Switzerland

14 Informant: Miss Grace Bast

(Address): 1817 W Baltimore St

Filed NOV 13 1928 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10 10 1928 Nov 10-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1928, to Nov 10th, 1928, that I last saw h[illegible] alive on Nov 10th, 1928, and that death occurred, on the date stated above, at 11:50 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Benj O Wilcox, M. D.

Nov 11, 1928 (Address) 400 a Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial 19

20 UNDERTAKER: Geo W Settle — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39123

CERTIFICATE OF DEATH.

4th E 39123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hosp.

CITY OF BALTIMORE: (No. 13-54 ST. WARD)

2-FULL NAME Tobie Blaustein

(a) RESIDENCE NO. 2317 Madison Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Blaustein

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Blaustein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Einstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. L. Blaustein

(Address) 819 Cumberland Ave.

15 Filed . 19 HAMPSON JONES, M. D., Registrar

NOV 13 1928 per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Nov 12, 1928, that I last saw her alive on Nov 12, 1928, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carc of Stomach

(duration) yrs. 2 mos ? ds.

CONTRIBUTORY (Secondary) Int. Obstruction

Lesion of Post. Pneum

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 16/28

Was there an autopsy? No

What test confirmed diagnosis? Cl, Hist & Operat Findings

(Signed) O. Hyman, M. D.

11/12, 19 28 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bath Hebrew Cem

DATE OF BURIAL 11/13 1928

20 UNDERTAKER Jacob Levis 1439 E Balt

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39124

CERTIFICATE OF DEATH.

84E 39124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2700 Harford Av ST. 9-46 (WARD)

2-FULL NAME Ottilie Walter

(a) RESIDENCE NO. 1528 E 28th St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John P. Walter

6 DATE OF BIRTH (month, day, and year): July 5 1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
73	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Henry Hammel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germania

12 MAIDEN NAME OF MOTHER: Francisca Peter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John P Walter

(Address): 1528 E 28th St

Filed: NOV 13 1928 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from January, 1928, to Nov 10, 1928, that I last saw her alive on Nov. 10, 1928, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 11 mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kimpy, M. D.

11/13, 1928 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Nov 13 1928

UNDERTAKER: John Weis

ADDRESS: 845 Eutaw

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39125

CERTIFICATE OF DEATH.

101-001 ✓ E 39125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1005 N. Bruce St. 16-22 Ward)

2-FULL NAME Joe L. Bundy

(a) RESIDENCE NO. 1005 N. Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. 12 (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): Aug 30th 1928

7 AGE — Years: — Months: 2 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Lawrence Bundy

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Myrtle Washington

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

PARENTS

14 Informant: Myrtle Washington

(Address) 1005 N. Bruce St

Received 19 C. HAMPSON JONES, M. D. Registrar

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Luck M. D.

(Corone[illegible]) 19 (Address) 1116 Dr T Druce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Nov 14 1928

20 UNDERTAKER: Thomas E. Kelsey — ADDRESS: 1303 Pennsylvania Ave

OV 13 1928

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39126

187

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 22 E Balt St) St., 16-67 Ward(1)

2-FULL NAME Schulter

(a) RESIDENCE NO. 3205 Belmont ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 16th 1915

7 AGE: Years 2 Months Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) C. HAMPSON JONES, M. D.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull

Coma from Accidental Falling Fall

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Dec 13th 19 25

Date of Burial

20 UNDERTAKER: F. B. Wisheart ADDRESS 185 W Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 31928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39127

CERTIFICATE OF DEATH.

28 E 39127
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Chesapeake av ST., 25-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Estlenbergh

(a) RESIDENCE No. 1810 Chesapeake ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Estlenbergh

6 DATE OF BIRTH (month, day, and year): 2-2-1894

7 AGE — Years: 34 — Months: — Days: 29 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Luther Herring
(Address): 1810 Chesapeake

Filed NOV 13 1928 HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-11- 19 28

17 I HEREBY CERTIFY, That I attended deceased from 11/10 —, 1928, to 11/11 —, 1928, that I last saw h alive on 11/10 —, 1928, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) [illegible] M. D.

, 19 (Address) 1340 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Furnace Branch — DATE OF BURIAL: Nov. 13 19

20 UNDERTAKER: [illegible] — ADDRESS: 108 N. Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

See letter in file

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39128

CERTIFICATE OF DEATH.

129 E 39128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH.

City of BALTIMORE: (No. 1916 Aliceanna St. 2-4 Ward)

2-FULL NAME Teresa Pizla

(a) RESIDENCE NO. 1916 Aliceanna St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 22-1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	37	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Fish Packing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Pizla

11 BIRTHPLACE OF FATHER (city or town) Poland.

(State or country)

12 MAIDEN NAME OF MOTHER Zofia Worek.

13 BIRTHPLACE OF MOTHER (city or town) Poland.

(State or country)

14 Informant Amelia Horn Foster

(Address) 1916 Aliceanna St. C. HAMPSON JONES, M. D.

Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis Myocarditis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

(Signed) James H. Hudson M. D.

(Coroner)

19 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemetery Date of Burial Nov 15 1928

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 13 1928

Spec—2-29-28—1 P—5,000 Bks.

E 39129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39129

CERTIFICATE OF DEATH

74001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Eramount ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine A. Kernan

(a) RESIDENCE NO. 1229 Eramount ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John J. Kernan

6 DATE OF BIRTH (month, day, and year) Sept 4-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Silas E Stack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Winifred Flannery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Kernan

(Address) 1229 Eramount

15 Received NOV 13 1928 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to 11-11, 1928, that I last saw h... alive on 11-11, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Kost, M. D.

11/13 1928 (Address) 1131 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Nov 15 1928

20 UNDERTAKER D. Rikis Woodyard

ADDRESS 914 Druid Park

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39130

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2143 Smallwood St. (Ward) 1300

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elizabeth Unger

(a) RESIDENCE No. 2143 Smallwood St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Sept 1-1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
76		5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germantown Pennsylvania

PARENTS

10 NAME OF FATHER Samuel Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germantown Pennsylvania

12 MAIDEN NAME OF MOTHER Rachel Lantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germantown Pennsylvania

14 Informant

(Address)

15 Filed V 13 1928 19

C. HAMPSON JONES, M. D.

Per Physician

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1- 1928 to Nov 13 1928

that I last saw her alive on Nov 13 1928

and that death occurred, on the date stated above, at 5.15 a m

The CAUSE OF DEATH* was as follows:

Paraplegia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (secondary) Cerebral Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leb Hendrickson M.D.

1928 (Address) 112 W. 25 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cave Lawn Mausoleum

DATE OF BURIAL Nov 15 1928

UNDERTAKER A. R. Cadman

ADDRESS Frazier Ave

TION is very important See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blks.

E 39131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39131

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. ST., 5-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Davis Smith

(a) RESIDENCE No. 512 N. Spring ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Joe James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nettie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records.

(Address)

15 Filed ..... 19 .....

Pat. .....

V 13 1928 C. HAMPSON JONES, M. D. Dated

Registrar

TION is very important See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-8- 1928 to 11-9 1928, that I last saw h M alive on 11-9 1928 and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John L. Brown M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Nov 13 1928

20 UNDERTAKER Jason M. Johnson

ADDRESS 1234 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39132

CERTIFICATE OF DEATH.

147 E 39132

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. En route to University St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Dove (Mamie Holmes).

(a) RESIDENCE NO. 612 S. Greene St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Dove

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) S. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Alice More

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S. C.

14 Informant Ada Chisolm.(Sister)

(Address) 1673 Bergan St.

15 Filed ..... 19.. Registrar

NOV 13 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to gun-shot wound of chest involving heart, lung and liver. Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Gallen, M. D.

(Coroner)

11/13 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

612 S. Greene St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Cedar Hill Mar 13 1928

20 UNDERTAKER ADDRESS

Leonard Whalen 69 S. Pine

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-12-23—M&T—500 Bks.

E 39133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39133

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 17-24 WARD)

2-FULL NAME Dorothy White

(a) RESIDENCE NO. 1125 Davision st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Consuello Cortion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

NOV 13 1928

C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Nov. 10, 1928,

that I last saw h[illegible] alive on Nov. 10, 1928

and that death occurred, on the date stated above, at 12.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown

duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry C. Smith M. D.

11-10-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Somerset Co. Princess Anne Md

DATE OF BURIAL 11-14 1928

UNDERTAKER Peter N. Tradin

ADDRESS 1027 Penn Ave

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39134

CERTIFICATE OF DEATH

91-092 NOV 1928 E 39134

1—PLACE OF DEATH 3 RETTSCHNEIDER

CITY OF BALTIMORE: (No. 2821 Kinsey Ave. 30-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Brettschneider

(a) RESIDENCE NO. 2821 Kinsey Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Louise Brettschneider

6 DATE OF BIRTH (month, day, and year): Oct. 8. 1852

7 AGE: Years 76 | Months 1 | Days 2 | If LESS than 1 day, ...hrs. or ....min. 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 013

(b) General nature of industry, business, or establishment in which employed (or employer): Retired Butcher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Brettschneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred Brettschneider

(Address) 2821 Kinsey Ave

Filed 13 1928 C. 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10th 28

17 I HEREBY CERTIFY, That I attended deceased from August, 1928, to Nov. 10th, 1928.

that I last saw him alive on Nov. 9th Fri., 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. S. Marr, M. D.

11. 12. 1928 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Nov 13 19 28

20 UNDERTAKER: E. B. Wagaman

ADDRESS: 850 W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 39135

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-002
E 39135

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital ST. 16-68 (WARD)

2-FULL NAME Miss Edna May Wright

(a) RESIDENCE NO. 2709 Winchester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/4/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) R. R

(c) Name of employer B & O R R Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER J. B. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Edith Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant James B. Wright
(Address) 2709 Winchester St

15 Filed 1 31 1928 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-7-28, 19, to 11-13-, 19 28,
that I last saw h[illegible] alive on 11-13, 19 28,
and that death occurred, on the date stated above, at 5.55 A m.

The CAUSE OF DEATH* was as follows:

Ethmoiditis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exudative meningitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of 11-7-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompson M. D.

11/13 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Cem — DATE OF BURIAL Nov 15 1928

20 UNDERTAKER J. C. Tucker & Sons — ADDRESS Lo Pa Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39136

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 39136

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3215 W. Garrison Ave. Arlington WARD)

2—FULL NAME Margaret Gollery (Golery)

(a) RESIDENCE NO. 3215 W. Garrison Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced (or) WIFE of Henry Gollery

6 DATE OF BIRTH (month, day, and year) Oct 21st 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) W

(c) Name of employer W

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ? Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs August M. Schmitt

(Address) 3215 W. Garrison Ave.

15 Filed NOV 13 1928 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 12, 1928, that I last saw h alive on Nov 12, 1928 and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchus Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) E. D. Ensor, M. D.

11-13 1928 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Nov 14 19 28

20 UNDERTAKER H. J. Sinkey, Jr.

ADDRESS 1 E Pat

Spec.—1-12-23—M&T—500 Blks.

E 39137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39137

CERTIFICATE OF DEATH.

15-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1348 Stockton St. 15-23 (WARD)

REGISTERED NO. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Smith

(a) RESIDENCE NO. 1348 Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs ++ mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosie Smith

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE — Years: 71 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer, Odd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Hopp's Fed Store

9 BIRTHPLACE (city or town) (State or country): Westmorland Co Va.

PARENTS

10 NAME OF FATHER: Solomon Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Anna Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Edward Smith

(Address): 1348 Stockton St

15 Filed NOV 13 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928. to Nov 11, 1928.

that I last saw h~~e~~ alive on Nov 11, 1928

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 6 ++ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Knight, M. D.

11/13, 1928 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery — DATE OF BURIAL: Nov 14 28

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Caroline St.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4q E 39138

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 417 Fechuster ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Archie Thomas Marshall

(a) RESIDENCE NO. 417 Fechuster St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie Marshall

6 DATE OF BIRTH (month, day, and year): 2-22-1878

7 AGE — Years: 50 — Months: 8 — Days: 20 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General natore of industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Thos Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Dalby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sadie Marshall

(Address)

15 Filed: 131928, 19 Per: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov 17, 1928, that I last saw h[illegible] alive on Nov 17, 1928 and that death occurred, on the date stated above, at 10-46 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Dallam, M. D.

11/N, 1928 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Nov. 15 1928

20 UNDERTAKER: Harry W. Ehlen

ADDRESS: 1446 W. Northern

Spec.—1-12-23—M&T—500 Bks.

William Mariner

E 39139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39139

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (No.) ST., 7[illegible]2 WARD 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Mariner

(a) RESIDENCE NO. 1722 Clarkson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE — Years: 78 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hosp Records,

(Address)

15 Filed 13 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH 10-12-28

16 DATE OF DEATH (month, day, and year): 10/12 19 28

17

I HEREBY CERTIFY, That I attended deceased from 10/10, 19 28, to 10/12, 19 28,

that I last saw h[illegible] alive on 10/12, 19 28,

and that death occurred, on the date stated above, at 5:15 p.m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

Chr. Nephritis

Emphysema & Bronchitis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) C. H. Jones, M. D.

19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Oct. 16 19 28

UNDERTAKER: J. A. McCully — ADDRESS: Balto City Hosp

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3023 St. Paul St ST. 17-50 WARD)

2-FULL NAME Frank Phillips

(a) RESIDENCE No. 3023 St. Paul ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Blanche Phillips

6 DATE OF BIRTH (month, day, and year) Nov 22nd 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Frank Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y. New York

12 MAIDEN NAME OF MOTHER Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York New York.

14 Informant E. Blanche Phillips (Address) 3023 St. Paul St.

15 Filed NOV 13 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12th 1928

17

I HEREBY CERTIFY, That I attended deceased from June, 1928, to Nov 12th, 1928, that I last saw h[im] alive on Nov. 12th, 1928, and that death occurred, on the date stated above, at 8 P. m

The CAUSE OF DEATH* was as follows:

Endocarditis and arterio-Sclerosis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? 1426 Madison Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J. B. Mentzer M. D.

11/12/28 (Address) 1401 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL 11/15, 1928

20 UNDERTAKER Henry U. Mears & Son — ADDRESS 805 N. Calvert

V 131928

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39141

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Blazek

(a) RESIDENCE NO. 721 N. Glover st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Blazek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Mary Keromel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Hospital Records (Address)

15 Filed 11-13-1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1928, to Nov. 11, 1928, that I last saw him alive on Nov. 11, 1928, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Pulmonary hemorrhage

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab

(Signed) Henry C Smith M. D.

11-12-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 15 1928

20 UNDERTAKER Frank Brockton

ADDRESS 1906 Eastern Ave

THION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

E 39142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39142

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Guyon Oak Ave St. [illegible] WARD [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Scott Guyon.

(Residence in Baltimore: No. 3919 Guyon Oak Av. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 24, 1891
(Month) (Day) (Year)

7-AGE, 37 yrs. 0 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Commercial Credit Co

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Dr. Harry B. Guyon

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lena L. Guyon (wife)

(Address) 3919 Guyon Oak Ave

15- NOV 13 1928

C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 13, 1928.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1928, to Nov 13 1928, that I saw him alive on Nov 12 1928, and that death occurred, ~~on the date stated above~~ Nov 13-28, at 2.45 A.m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Error in diet

(Duration) yrs. mos. 7 ds.

(Signed) Howard H. Warner M. D.

Nov 13, 1928. (Address) 2604 Garrison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Nov 13, 1928

20-UNDERTAKER Stewart & Company — ADDRESS Balto Md

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39143 — CERTIFICATE OF DEATH — 129 E 39143

1—PLACE OF DEATH — REGISTERED NO. 1128

CITY OF BALTIMORE: (No. Union Memorial Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Wilson

(a) RESIDENCE NO. 304 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., If foreign birth? 68 yrs. 1 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna E Wilson

6 DATE OF BIRTH (month, day, and year) Sept. 16. 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Talbot Co and Maryland

PARENTS

10 NAME OF FATHER Francis Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Maryland

12 MAIDEN NAME OF MOTHER Rebecca Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Maryland

14 Informant Mrs Anna E Wilson (wife)
(Address) 304 W Lanvale St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Per ..... Registrar

1 3 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Nov. 13, 1928.

that I last saw h~~im~~ alive on Nov. 13, 1928

and that death occurred, on the date stated above, at 12 20 Am.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Uraemia

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J Thomas C Offo, M. D.

19 (Address) Res. surg. Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton - Md.	Nov 15 1928
20 UNDERTAKER	ADDRESS
Stewart Mounts	Balto Md

Spec.—1-12-23—M&T—500 Bks.

E 39144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39144

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home + Inf.

CITY OF BALTIMORE: (No. Broadway + Fairmount ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret LeCates

(a) RESIDENCE NO. Chestertown, Md. ST. WARD Chestertown Md

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 13 ds. How long in U. S., If of foreign birth? 48 yrs. 4 mos. 18 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James F LeCates

6 DATE OF BIRTH (month, day, and year): June 26 1880

7 AGE — Years: 48 — Months: 4 — Days: 18 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Chestertown Maryland

PARENTS

10 NAME OF FATHER: Edward Burris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chestertown Maryland

12 MAIDEN NAME OF MOTHER: Eva Sparks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chestertown Maryland

14 Informant: F. F. LeCates (Husband) (Address): Chestertown-Md

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 19 28 to Nov 13, 19 28, that I last saw her alive on Nov 12, 19 28 and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 6 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B. Johnson, M. D.

Nov. 19 28 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown-Md — DATE OF BURIAL: Nov 14 19 28

20 UNDERTAKER: Stevenson Mowen Co — ADDRESS: Balto Md

TION is very important See instructions on back of certificate.

1 3 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39145

CERTIFICATE OF DEATH.

74-991 E 39145

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Wilkens St., 1928 WARD)

2-FULL NAME Pauline Gause

(a) RESIDENCE NO. 1613 Wilkens Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Gause

6 DATE OF BIRTH (month, day, and year): March 30 1869

7 AGE: Years 59 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Junker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Frieda Skaufer (Address) 1613 Wilkens Ave

15 Filed 19 G. HAMPSON JONES, M. D. Registrar

For Clerk

131928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1928 to Nov 12 1928 that I last saw h[illegible] alive on Nov 12 1928 and that death occurred, on the date stated above, at 4:00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Schintzenberger M.D.

, 19 (Address) 1110 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 15 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 217 S. Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39146

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5319 Gwynn Oak Ave ST. 28-14 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Edmund Alexander

(a) RESIDENCE NO. 5319 Gwynn Oak Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma P. Alexander

6 DATE OF BIRTH (month, day, and year): March 18, 1840

7 AGE: Years 88 Months 7 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Inspector

(c) Name of employer: B & O R-R

9 BIRTHPLACE (city or town) (State or country): Cecil County, Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil County, Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Emma P. Alexander

(Address) 5319 Gwynn Oak Ave

15 Filed NOV 13 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Nov 11, 1928, that I last saw him alive on Nov 11, 1928, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease
Mitral Stenosis & insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter E Linthicum M. D.

11/12 1928 (Address) 2002 N. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Nov 14 1928

20 UNDERTAKER: Jos Jones & Son

ADDRESS: 411 N Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39147

CERTIFICATE OF DEATH.

129 E 39147

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 W. Lexington St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie S. Kolb

(a) RESIDENCE NO. 915 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4th 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael Kolb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ann Bell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Charles E. Kolb

(Address) 10 Hall Ave

15 Filed Nov 13 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 - 1928

17 I HEREBY CERTIFY, That I took charge of the remains desrribed above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.

(Coroner)

11/13, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Nov 14 1928

20 UNDERTAKER George J. Smith ADDRESS 153 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

131928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39148

CERTIFICATE OF DEATH

90 E 39148

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 7310 E Lombard St., 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Mitchell

(a) RESIDENCE NO. 7310 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Can maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo W. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann H Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jane H Mitchell

(Address) 7310 E Lombard

15 FILED 1 31928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Nov 11, 1928, that I last saw h[illegible] alive on Nov 10 1928 and that death occurred, on the date stated above, at 12 M a m.

The CAUSE OF DEATH* was as follows:

Cerebral Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) C. Hampson Jones, M. D.

Nov 12, 1928 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL 11/15/1928

20 UNDERTAKER John W Koch

ADDRESS 2900 Eutaw St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39149

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4702 5th Ave ST. 16-37 WARD)

2—FULL NAME Robert J Magee

(a) RESIDENCE NO. 4702 5th ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Magee

6 DATE OF BIRTH (month, day, and year) May 16-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Handler

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Michael Magee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary E Magee

(Address)

15 Dec 1 1928 C. HAMPSON JONES, M. D. Per ARK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1928 to Nov 11 1928 that I last saw h alive on Nov 11 1928 and that death occurred, on the date stated above, at 2.45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Cardiac for years

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Thy Davis M. D.

(Address) 801 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwachs Cem

DATE OF BURIAL 11/14/1928

20 UNDERTAKER John Ulrich

ADDRESS 2007 Orleans St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39150

CERTIFICATE OF DEATH.

90 E 39150

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4919 Park Heights Ave. 9-56 Ward)

2-FULL NAME Elizah Baker.

(a) RESIDENCE NO. 4919 Park Heights ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella V. Baker

6 DATE OF BIRTH (month, day, and year): Nov 11 1855

7 AGE: Years 73 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm F. Baker

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Geo W Tuttle

(Address): 2700 Edmondson ave

15 C. HAMPSON JONES, M. D. Registrar

Nov 13 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) and from the records, and from personal knowledge find that said deceased came to [illegible] death on the day stated above.

THE CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner)

11/13 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: Nov 14 1928

20 UNDERTAKER: Geo W. Tuttle ADDRESS 2700 Edmondson ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39151

CERTIFICATE OF DEATH

90 E 39151

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2000 Edmondson Ave St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah R. Colley.

(a) RESIDENCE NO. 2000 Edmondson Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Thomas W. Colley.

6 DATE OF BIRTH (month, day, and year): May-27-1858.

7 AGE: Years 70 Months 5 Days 15 14

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work

(b) General nature of indostry, business, or establishment in which employed (or employer): None. 50

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Thomas Fitzallen.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Hill.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant John W. Colley.

(Address) 611 N. Centeast ST.

V 131928 C. HAMPSON JONES, M. D. Registrar

By RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1920, to Nov 10th, 1928, that I last saw her alive on Nov 10th, 1928, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(doration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. R. Lucas, M. D.

11/13, 1928 (Address) 3421 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery. Date of Burial: Nov. 14 1928.

20 UNDERTAKER: Charles J. Schwab. ADDRESS: 505 N. Monroe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39152

E 39152

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1607 N. Appleton St., ST., 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michla Hopkins

(a) RESIDENCE NO. 1607 N. Appleton St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Indam

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Hopkins

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 68 | Months: — | Days: — | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abreal Chasenpet

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Shifra —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E. Baltimore

15 11-13-1928

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/13/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Nov. 13, 1928.

that I last saw h[illegible] alive on Nov. 13, 1928

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin, M. D.

11-13, 1928 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Rum — DATE OF BURIAL: 11/14 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39153

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 507 E 27th ST. (WARD) 9-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie R McGarvey

(a) RESIDENCE NO. 507 E 27th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 DATE OF BIRTH (month, day, and year) Sept 1, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER James Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary A McCabe

(Address) 507 E 27th St

15 Filed 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Nov. 11, 1928, that I last saw h alive on Nov 11, 1928 and that death occurred, on the date stated above, at 5:05 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebrovascular Chronic Bronchitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas E Hawk, M. D.

, 19 (Address) 532 E 27nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 11 14 1928

20 UNDERTAKER New York

ADDRESS 507 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

(John R. Carr)

E 39154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 W Fayette St.) (WARD) 22-30

REGISTERED NO. 902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R Carr

(a) RESIDENCE. NO. 534 W Fayette ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE: Years 45 years; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grain measurer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware, Halifax Co Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Martha Lightford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Henrietta Todd. (Address) 534 W. Lee St.

15 NOV 13 1928 C. HAMPSON JONES, M. D. Registrar

Pat. NBH

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Nov 12, 1928, that I last saw him alive on Nov 11, 1928, and that death occurred, on the date stated above, at 2.30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation & Extenuation

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) Chas. A. Hawkes, M. D.

Nov 13 1928 (Address) 712 S. Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 11-14 1928

20 UNDERTAKER: John H Toadvine — ADDRESS 1027 Druid Hill

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39155

CERTIFICATE OF DEATH

129 E 39155

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3124 E. Monument ST., 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ROBERT BRUCE THOMAS

(a) RESIDENCE NO. 3124 E. Monument ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretta Thomas

6 DATE OF BIRTH (month, day, and year) June 16, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of Industry, business, or establishment in which employed (or employer) Die Setter

(c) Name of employer Southern Can Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William L. Thomas

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie V. Meads

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Margaretta Thomas (Wife)

(Address) 3124 E. Monument Street

15 Filed NOV 13 1928 C. HAMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 11, 1928

that I last saw him alive on Nov 11, 1928

and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

from history (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Mosher, M. D.

Nov 12 1928 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Nov. 14, 1928

20 UNDERTAKER D. Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST. & BROADWAY

Spec.—1-10-21—M&T—1500 Bks.

Weinkam

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39156 E 39156

CERTIFICATE OF DEATH.

124

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Pinewood Ave., Overlea ST. 27-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Weinkam

(a) RESIDENCE NO. 3712 Pinewood Ave. Overlea ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Weinkam

6 DATE OF BIRTH (month, day, and year) July 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Alexander Campbell Goss

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Clara Ardin

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,

(State or country) Md.

14

Informant A. Weinkam

(Address) 3712 Pinewood Ave.

15

131928

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 17, , 1928 , to Nov. 11, , 1928 ,

that I last saw her alive on Nov. 11, , 1928 ,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of gall-bladder

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Anaemia due to Streptococcous Septicemia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson M. D.

11/12, 1928 (Address) 5713 Belair Rd., Rosedale, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Nov. 14 '28

20 UNDERTAKER Frederick Lassahn & Son

ADDRESS Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. (Emma V. Murphy)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39157 + 84 E 39157

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. Bress, Md ST. 12-40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Harry J Murphy (Emma V)

(a) RESIDENCE NO. 502 Botetourt Apt ST., WARD Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mrs Harvey Murphy

6 DATE OF BIRTH (month, day, and year) 7/16/1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER John Ziegler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Donnelly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Hospital Records
(Address)

15 Filed 1-3-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13/28

17 I HEREBY CERTIFY, That I attended deceased from 11/4 19 28, to 11/13 19 28,
that I last saw h alive on 11/13 19 28
and that death occurred, on the date stated above, at 8 29 P m.

The CAUSE OF DEATH* was as follows:

Cerebellar tumor

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebellar tumor

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/12/28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Wm N McPaul Jr, M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL 11/14 19 28

20 UNDERTAKER H H Baker & Sons — ADDRESS 1318 Eighty St.

Important.—See instructions on reverse side.

Spec.—1-12-23—M&T—500 Bks.

D 39158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 39158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 7-12 WARD)

2-FULL NAME Baby Bank

(a) RESIDENCE NO. 809 Shutter St. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Gilbert Dallas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucille Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant .....

(Address) .....

15 Filed ..... 19 .....

NOV 14 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1928 to Nov. 6, 1928.

that I last saw him alive on Nov. 6, 1928,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Premature

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

C. HAMPSON JONES, M. D.

Commissioner of Health.

NOV 23 1928

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 39159

CERTIFICATE OF DEATH.

100-001

E 39159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-59 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Green

(a) RESIDENCE NO. 1719 N. Carey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1928

7 AGE: Years | Months / | Days 32 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address)

15 Filed NOV 14 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1928, to Nov. 7, 1928, that I last saw her alive on Nov. 7, 1928, and that death occurred, on the date stated above, at 1.10 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Prematurity 7 d.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39160

CERTIFICATE OF DEATH

E 39160

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 1631

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Banks

(a) RESIDENCE NO. none ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0+0

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 14 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-28

17 I HEREBY CERTIFY, That I attended deceased from 11-21, 1927 to 11-9, 1928, that I last saw him alive on 11-9, 1928 and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) ? Balanitis; Arteriosclerosis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Official from

(Signed) H. Thompson Jones M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19
20 UNDERTAKER	ADDRESS
Commissioner Health.	

H. THOMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39161

CERTIFICATE OF DEATH.

E 39161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Myrtle Ave. WARD) 26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Edward Scott

(a) RESIDENCE No. 237 Myrtle Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5 1928

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 32 weeks 5 days

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Bertha Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant

(Address)

15 Filed NOV 14 1928 HAMPSON JONES, M. D. Registrar

By ——

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Nov 10, 1928

that I last saw h[illegible] alive on Nov 10, 1928

and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hunter Wollach M. D.

(Address) Mun. 1705

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 15 1928 Commissioner of Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

Lomax

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39162

38 E 39162

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 Woodyear Pl. ST. 15-21 WARD)

2-FULL NAME Baby boy Lomax

(a) RESIDENCE NO. 1703 Woodyear Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
~~1 day~~			1 day	

8 OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Elijah Lomax

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alto Williams

13 BIRTHPLACE OF MOTHER (city or town) Elliott City (State or country) Maryland

14 Informant Alto Lomax

(Address) 1703 Woodyear Pl.

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 19 28, to Nov 10, 19 28,

that I last saw him alive on Nov 10, 19 28,

and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Prematurity, (~~Asphyxia Neonatorum~~)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Paternal Syphilis (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Examination

(Signed) M. Alexander Novy, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health NOV 13 192

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

See letter in file (Over)

E 39163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 E 39163

1-PLACE OF DEATH Foot of Patterson Park

City of BALTIMORE: (No. Foot of Patterson Wharf St., 34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown (Ida Stanley)

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): 087

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant

(Address)

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Fenton M. D.

(Coroner)

11-7, 1928 (Address) Foot Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Nov 13 1928

PUBLIC CEMETERY NOV 13 1928

Supervisor Public Health

20 UNDERTAKER James M. Hynes ADDRESS 645 E Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THE MORGUE W. SAINT ROSA WAY

Spec.–7-17-26—A Co.—200 Bks.

E 39164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 39164

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3948 Hilltop Ave. St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Taylor

(a) RESIDENCE NO. 3948 Hilltop Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 19, 1928

7 AGE: Years 2 Months 25 Days 24 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm Taylor

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Spamm

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Catherine Taylor.

14 Informant Catherine Taylor

(Address) 3948 Hilltop Ave.

Filed NOV 14 1928 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1928 to Nov. 13, 1928, that I last saw her alive on Nov. 13, 1928, and that death occurred, on the data stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) J. Pillsbury, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Nov 15 19 28

20 UNDERTAKER: Chenoweth Son — ADDRESS: 361 Chestnut Ave

DEATH CERTIFICATE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 39165

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto Md ST. 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elton Barton

(a) RESIDENCE No. 2640 Huntington Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Quisheuer

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) Huckster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto City Hosp Balto Md

15 Filed NOV 14 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-23, 1928, to 11-13, 1928, that I last saw him alive on 11-12, 1928, and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Edmunds M. D.

, 19 (Address) Returns City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL Nov 16 1928

20 UNDERTAKER Ehrenworth Son ADDRESS 3647 Chestnut

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39166

CERTIFICATE OF DEATH.

101-001

E 39166

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 Bradley St. 17-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laudonia Brown.

(a) RESIDENCE NO. 815 Bradley St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE — Years: 22 — Months: — — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

10 NAME OF FATHER: Coley Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A. Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

PARENTS

14 Informant: Mary A Brown

(Address): Jamesville Va

Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Nov 11 1928 (Address) North Bx & Down

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Date of Burial: Nov 14 1928

20 UNDERTAKER: David Easton ADDRESS: 516 Ea ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1928

Spec.—2-29-28—L. F. S.—500 Blks.

E 39167 HEALTH DEPARTMENT—CITY OF BALTIMORE

10-091 E 39167

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Cornthwaite

(a) RESIDENCE NO. 1305 Hoburg Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Arthur Cornthwaite

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anita Whiteford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Harford Co. Md.

14 Informant Sydenham Hosp. Records
(Address)

15 Dec 14 1928 C. HAMPSON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 13, 1928, that I last saw him alive on Nov. 12, 1928 and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

Terminal pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) H. Leachman, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Burial Cmty	Nov 14 19 28
UNDERTAKER	ADDRESS
H S Marshall 3539	Walbrook

Spec.—2-29-28—L. F. S.—500 Bks.

E 39168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 39168

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Hollins ST. 19-24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph W. Hollifield

(a) RESIDENCE NO. 1313 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 20-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna R R

9 BIRTHPLACE (city or town) (State or country) Howard to md.

PARENTS

10 NAME OF FATHER Wm Hollifield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard to md.

12 MAIDEN NAME OF MOTHER Lizzie Vernay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard to md.

14 Informant Lora Ryland

(Address) 1313 Hollins St

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12-1928

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1925, to Nov. 12, 1928, that I last saw h[illegible] alive on Nov 10, 1928 and that death occurred, on the date stated above, at [illegible] a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder Primary

CONTRIBUTORY (Secondary) Gastritis (duration) 7 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home (duration) yrs. 6 mos. ds.

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) A. A. Lazarus M. D.

11/13, 1928 (Address) 3901 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park cemetery

DATE OF BURIAL Nov. 14 1928

20 UNDERTAKER George W. Zirkle

ADDRESS 1737 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16Y-001

E 39169

CERTIFICATE OF DEATH.

E 39169

REGISTERED NO.

1-PLACE OF DEATH Church at

City of BALTIMORE: (No. S.W.Cor North Ave & Cardenwood St.) 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. M. Phillips

(a) RESIDENCE NO. 4921 Alhambra St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Phillips

6 DATE OF BIRTH (month, day, and year): Oct 6/1866

7 AGE: Years 62 Months 1 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: North Ave M.E.Church

9 BIRTHPLACE (city or town): Harford Co., Md.

(State or country) ~~Wm Phillips~~

PARENTS

10 NAME OF FATHER: Wm. Phillips

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Harford Co., Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Ida Phillips

(Address) ~~4921 Alhambra Ave~~

15 Filed NOV 14 1928 C. HAMPSON JONES M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cole M. D.

(Coroner)

11/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Nov. 16 1928

20 UNDERTAKER: George W. Zibler — ADDRESS: 1737 E. Eager St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 39170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Dept. 58) ST., ... WARD)

2-FULL NAME Estella Grant

(a) RESIDENCE NO. 1312 E. Lexington st. ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joe Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Henson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 19 28, to Nov. 11, 19 28,

that I last saw her alive on Nov. 11, 19 28,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) Unknown yrs mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

19 (Address) 11-12-28 Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mobly Neck cemetry — DATE OF BURIAL Nov 14 19 28

20 UNDERTAKER Edward Bryan — ADDRESS 1651 orleans st

TION is very important See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

E 39171 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 39171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Stockton ST. 15-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine D. Mitchell

(a) RESIDENCE No. 2324 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Mitchell

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53		30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Frederick Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alfred Dodson

(Address) 1136 N. Gilmor Ste

15 Filed NOV 19 1928 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1928, to Nov. 11, 1928, that I last saw her alive on Nov. 10, 1928 and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary) Probably Carcinoma of Stomach Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL Nov. 14, 1928

20 UNDERTAKER Thomas E. Gibson ADDRESS 1313 Pennsylvania Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39172

HEALTH DEPARTMENT—CITY OF BALTIMORE

164

E 39172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Bruce ST. 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Welsh

(a) RESIDENCE NO. 617 Bruce ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Margaret Welsh

6 DATE OF BIRTH (month, day, and year) Nov 19. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11 10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Unknown Md

PARENTS

10 NAME OF FATHER Garret Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Md

14 Informant Mrs. Addison

(Address) 617 Bruce St

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11. 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/8 1928 to Nov 11 1928, that I last saw him alive on 7th 1928, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Age

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Heart weak

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

11/13, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/14 1928

20 UNDERTAKER

ADDRESS Mrs. Geo. H. Holland 1631/2 Druid Hill Ave

ATTENTION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Elsie Koellein

E 39173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39173

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 191 Harlman Ave. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elsie Koellein

(a) RESIDENCE NO. 1917 Harlman Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe.

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Koellein

6 DATE OF BIRTH (month, day, and year): Feb 22 1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Carl H. Drohmyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophie Trimper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Carl Drohmyer

(Address): 230 E. Hoch St.

Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Nov 12, 1928,

that I last saw h[illegible] alive on Nov 12, 1928,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardetis (or Senile Infirmity)

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) E. A. Schantz, M. D.

. 19 (Address) 1107 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Nov 14 1928

20 UNDERTAKER: J. Barton

ADDRESS: Glenburnie

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39174

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. E 39174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 926 N. Duncan ST., 7-17 (WARD)

2—FULL NAME Katherine Lee Danner

(a) RESIDENCE NO. 926 N. Duncan ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., If foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Charles E. Danner

6 DATE OF BIRTH (month, day, and year) Feb. 10 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER William Wills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Sambright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Mamie Pine

(Address) 944 N. Duncan St

15 Filed NOV 14 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Nov 13, 1928, that I last saw h[illegible] alive on Nov 13, 1928 and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) X yrs. X mos. 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) X yrs. X mos. 7 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of X X

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Course

(Signed) [illegible] M. D.

Nov 13 1928 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Frederick Md.

DATE OF BURIAL Nov. 15 1928

20 UNDERTAKER Henry Koch Son

ADDRESS 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39175

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 E 39175

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1441 (ST.) N. Central Ave (WARD) 9-14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Leonard Mosmiller

(a) RESIDENCE NO. 1441 (ST.) N. Central Ave (WARD)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ~ mos. ~ ds. How long in U. S., if foreign birth? 60 yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Helen W. Mosmiller

6 DATE OF BIRTH (month, day, and year) April 17 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Mosmiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Helen W. Mosmiller

(Address) 1441 N. Central Ave

15 Filed ..... 19 .....

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1928, to Nov 14 1928, that I last saw h.... alive on ..... 19 ..... and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hiner M. D.

Nov 14 1928 (Address) 501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov. 17 1928
20 UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E Eager St

NOV 14 1928

Spec.—1-10-21—M&T—1500 Bks.

E 39176 E 39176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 37

1-PLACE OF DEATH U.S. Marine Hospital, Balto., Md.

CITY OF BALTIMORE: (No.) (ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Webster

(a) RESIDENCE NO. Chance, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. "Juniata"

9 BIRTHPLACE (city or town) Chance

(State or country) Maryland

PARENTS

10 NAME OF FATHER Earl Webster

11 BIRTHPLACE OF FATHER (city or town) Chance

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lulu Jones

13 BIRTHPLACE OF MOTHER (city or town) Chance

(State or country) Maryland

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

Filed NOV 14 1928, 19 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 28

17

I HEREBY CERTIFY, That I attended deceased from July 16, 19 28, to November 14, 19 28,

that I last saw him alive on November 14, 19 28,

and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic, active

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam., x-ray and laboratory findings

(Signed) R. Townsend, M. D.

11/14, 19 28 Address U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lloyds Leland Md

DATE OF BURIAL Nov 17 1928

UNDERTAKER John Ulrich

ADDRESS Eileen

CAUSE OF DEATH to print terms, so that it may be plainly TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 39177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Alameda Blvd. ST., 9-46 WARD)

2-FULL NAME Hilda Augusta Wagner

(a) RESIDENCE NO. 2721 Alameda Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16.1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry W. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Plitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Henry W. Wagner

(Address) 2721 Alameda Blvd.

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1928 to Nov 12th 1928, that I last saw her alive on 11.45 A.M. Nov 12th 1928, and that death occurred, on the date stated above, at 1;00 P m.

The CAUSE OF DEATH* was as follows

Acute Diabetis.

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Was in a Coma (question) 5 hours before death.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Wilmer Brinton, M. D.

, 19 (Address) Walnut & Preston Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Nov 15 1928

20 UNDERTAKER Hughes & Jones — ADDRESS 424 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39178

CERTIFICATE OF DEATH

31 E 39178

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 426 Summerset ST. 5-8 WARD)

2—FULL NAME Zelda Trusty

(a) RESIDENCE NO. 426 Summerset ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1911 2/14

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) School Girl

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Trusty

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Boldin

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Zelda Trusty
(Address) 426 Summerset St

15 Filed 4 1928 C HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, to Nov 12, 1928, that I last saw her alive on Nov 11, 1928 and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. L. Young, M. D.

11/13, 1928 (Address) 1429 Eutaw Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem — DATE OF BURIAL 11-15 1928

20 UNDERTAKER Byron Wright — ADDRESS 1218 Mc & Elderry St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39179

CERTIFICATE OF DEATH

44 E 39179

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1019 De Soto Road ST., 25-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William E. Coale

(a) RESIDENCE NO. 1019 De Soto Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coale

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lillian Strauss

(Address) 1019 De Soto Road

15 Filed NOV 14 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Nov. 11 19 28,

that I last saw him alive on ..... 19...,

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Wm. E. Coale, M. D.

19 (Address) 735 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Nov. 14 1928

20 UNDERTAKER Koehler & Cook — ADDRESS 1003 West Baltimore St.

Spec.—1-12-23—M&T—500 Blks.

E 39180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001

74 E 39180

1-PLACE OF DEATH West Baltimore General 70-61 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles Kroener

(a) RESIDENCE No. 2224 Penrose Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Brooks Kroener

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
42	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Crown Cork and Seal

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Kroener

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Daschl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Bessie Kroener

(Address) 2224 Penrose Avenue

Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-11, 1928, to 11-11, 1928, that I last saw him alive on 11-11, 1928 and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage. Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

(Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov. 14, 1928

20 UNDERTAKER Joseph L. Cook

ADDRESS 1003 West Baltimore St

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39181

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. E 39181

CITY OF BALTIMORE: (No. 3405 Berry Avenue ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Burns Morris

(a) RESIDENCE NO. 3405 Berry Avenue ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary V. Brown Kreiner Morris

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Lithograph & Printing

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Morris

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Reese Spraig

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14

Informant Mrs. Mary V. Morris

(Address) 3405 Berry Avenue

15 Filed NOV 14 1928 HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Nov 11, 1928, that I last saw him alive on Nov 11, 1928 and that death occurred, on the date stated above, at 5.05 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) S. Edwin Bedson M. D.

11/12, 1928 (Address) 1 W. Overlea Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov. 15 1928

UNDERTAKER: Joseph Block

ADDRESS: 1003 W. Baltimore St

Important. See instructions on reverse side.

Spec.—1-12-23—M&T—500 Bks.

E 39182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 39182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mariam C. Smith

(a) RESIDENCE No. 1014 N Arlington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Wesley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ida V. Coston

(Address) 1014 N. Arlington Ave.

15 [illegible]

C. HAMPSON JONES, M. D.

Registrar

NOV 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/11, 1928, to 11/11, 1928, that I last saw h alive on 11/11, 1928, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy of Brain

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Postmortem Findings

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemetery	Nov. 14, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH. ATTENTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39183

CERTIFICATE OF DEATH.

167-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Mount St. 15-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Green

(a) RESIDENCE NO. 1829 Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C. A.	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-12-28

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
	4 hours			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Solomon Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland, Va

12 MAIDEN NAME OF MOTHER Anna Green

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant mother

(Address) 1829 Mount St

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

Per 8934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12-1928

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm H. Frazier, M. D.

, 19 (Address) 138 W. Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

Per Wm E Woodall

CAUSE OF DEATH must be stated. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39184

CERTIFICATE OF DEATH.

108 Y E 39184

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 1221 N. Patterson Pk Ave 8-12 Ward)

2-FULL NAME William E. Carr

(a) RESIDENCE NO. 1221 N. Patterson Pk Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 16/1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	1	27 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture 66

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer Howard Furn. Co.

9 BIRTHPLACE (city or town) _____

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. F. Carr

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Louisa Heymack

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto., Md.

14 Informant Mrs. Wm. F. Carr

(Address) 1221 N. Patterson Pk.

15 Filed C. HAMPSON JONES, M. D., Registrar

11 14 1928 Per RKA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pharyngeal Odema (Probably Ludwigvs Angina)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. Hampson Jones, M. D. (Coroner)

11/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Ave Date of Burial Nov 15 1928

20 UNDERTAKER John A. Maan ADDRESS 3000 E. Balto St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of the cause is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39185

CERTIFICATE OF DEATH

118-09 ✓ E 39185

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO. 9-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 3 d ✓ Calvert ST., WARD)

2—FULL NAME Travers C. Cadden

(a) RESIDENCE NO. 7008 Springfield Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 21. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	23 ✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John F. Cadden

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mildred Coty

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mother
(Address) 7008 Springfield Ave.

15 Filed 1 4 1928, 19 — C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928, to Nov 13, 1928.

that I last saw h[illegible] alive on Nov 13, 1928

and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Gutsussception

(Causing Intestinal Obstruction)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Nov 12

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. K. Swarbrick, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
H of R Cemetery	11/15 1928
20 UNDERTAKER J. F. Moran	ADDRESS 3222 E Balto

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39186 ✓ 128 E 39186

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 W Lee St. 7-4 Ward)

2-FULL NAME Nicholas Lewis

(a) RESIDENCE NO. 612 W Lee St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Lewis.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ticket taker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Joseph Lewis

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) German

12 MAIDEN NAME OF MOTHER Louisa Dennett

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore City

14 Informant Elizabeth Rauch

(Address) 3426 Leverton Ave

15 Filed _____ 19___ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis Intercurrent

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary) probably alcoholic

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Jno. M. Jamison M. D. (Coroner)

Nov 13 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ___

Former or usual residence ___

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 10/15 1928

20 UNDERTAKER J. G. Moran ADDRESS 300 S Ballow

V 1 1928

Fee

Tion should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION OF DECEASED is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

29B6187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 44E 39187

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Stepp

(a) RESIDENCE NO. Phoenix, Va. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 57 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R. R. Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Stepp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Rite

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 FILED NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

Per ROSE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 13, 1928, that I last saw him alive on Nov 13, 1928, and that death occurred, on the date stated above, at 7 40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastasis to the liver & peritoneum

(History - 2 mos. (duration)) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. D. Briggs, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Phoenix Va. Pennsylvania RR — DATE OF BURIAL: Nov 5 1928

20 UNDERTAKER: John F. Penny — ADDRESS: 715 Light St

B.—WRITE PLAINLY. Information should be given in plain terms, so that it may be properly coded. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39188

CERTIFICATE OF DEATH.

129

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 642 Gorsuch ave St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Porter

(a) Residence No. 642 Gorsuch ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-24-854

7-AGE. 74 yrs. 7 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) [redacted] (State or Country),

PARENTS.

10-NAME OF FATHER, Robt Porter

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md

12-MAIDEN NAME OF MOTHER, Carolina Lohr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14-(Informant) Mrs W F Keene

(Address) 642 Gorsuch ave

15-Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 13-28

17- I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928 to Nov 13 1928

that I last saw h[illegible] alive on Nov 12 1928

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Ch Int. Nephritis

Arteriosclerosis

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(Duration) yrs. mos. 3 ds

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. H. Jones, M. D.

Nov 14 1928 (Address) 501 Sheridan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. B to O Oakland Md DATE OF BURIAL. Nov 15. 1928

20-UNDERTAKER. E LeRoy Stiffler ADDRESS 25 E North ave

In plain terms, so that it may be easily understood. Please follow instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 E 39189

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital WARD) 14

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Goff

(a) RESIDENCE NO. 914 Caylad Ave.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 1928

7 AGE Years 24 Months Weeks Days 6 days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Elmer Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Mary Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

14 Informant
(Address)

15 Filed 19
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 12, 1928
that I last saw h/ Malive on Nov 12, 1928
and that death occurred, on the date stated above, at 5:38 a.m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bichloride - poisoning

mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Torbert M. D.

19 (Address) Elmer. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 14 1928

C. HAMPSON JONES, M. D.
Commissioner Health.

Per A. E. WOODALL

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39190

CERTIFICATE OF DEATH

49

1—PLACE OF DEATH

REGISTERED NO. 1565

CITY OF BALTIMORE: (No. 3805 Norfolk Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Erck

(a) RESIDENCE NO. 3805 Norfolk Ave ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick Erck

6 DATE OF BIRTH (month, day, and year): June 13-1871

7 AGE: Years 57 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Hasty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anne Muldowny

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Frederick Erck

(Address) 3805 Norfolk Ave

15 Filed: 1 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Nov. 12-1928,

that I last saw h[illegible] alive on Nov. 11, 1928

and that death occurred, on the date stated above, at 11 05 AM.

The CAUSE OF DEATH* was as follows:

Carcinoma of Spine

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pessano, M. D.

11.14.1928 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: Nov 16 1928

20 UNDERTAKER: John Merrick

ADDRESS: Edison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39191

CERTIFICATE OF DEATH.

84 E 39191

1-PLACE OF DEATH

City of BALTIMORE: (No. 312 S Spring St. 3-4 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Ross

(a) RESIDENCE NO. 312 S Spring St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town) Atlanta

(State or country) Georgia

PARENTS

10 NAME OF FATHER James Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Wm Bantel

(Address) 327 S Caroline

DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

Per ACB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Injuries

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. 4 ..... ds.

(Signed) Geo M Fenton M. D.

(Coroner)

11 12, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Dec 14 1928.

20 UNDERTAKER Kendall & Hopgood ADDRESS 3102 Eastern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 122-92 39192

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 412. S. Eden St (St.) 3-5 (Ward)

2-FULL NAME Julia Byrnes

(a) RESIDENCE No. 412. S. Eden St (St.) (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Thomas Byrnes

6 DATE OF BIRTH (month, day, and year): June 13 1862

7 AGE: Years 65. Months 5. Days 1. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House. 037

(b) General nature of industry, business, or establishment in which employed (or employer): Work.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Curran.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ella Conners

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Margaret Wendell (Address) 300 S. Eden St

15 Filed: V 14 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to March 13, 1928, that I last saw her alive on March 13, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cirrosis of Liver
(Non alcoholic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Volentine M. D. M. D.

19 (Address) 14 So Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patrick's.

DATE OF BURIAL: Mar. 19 28

UNDERTAKER: Wendell & Hupp.

ADDRESS: 300 S Eden.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 | 1955 3 39193

101-E 39193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Warren Buster

(a) RESIDENCE NO. 508 W Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Benny Buster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ida Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 14 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1928, to Nov 13, 1928, that I last saw him alive on Nov 13, 1928, and that death occurred, on the date stated above, at 3 25 a m.

The CAUSE OF DEATH* was as follows:

Acute Tonsillitis

Cervical adenitis

Acute nephritis

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Pneumonia lobar 4 days. Septicemia Pneumococcus Type IV (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of (INCISION GLAND) Nov. 4 1928

Was there an autopsy? No

What test confirmed diagnosis? X Ray Blood Culture

(Signed) Clarence E. Gardner Jr. M. D.

11/13, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calary Cemtery

DATE OF BURIAL Nov 14 1928

20 UNDERTAKER Walter B. Spriggs

ADDRESS 134 W Hamburg St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

V 14 1928

Spec.—1-12-23—M&T—500 Bks.

Rudak.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39194

CERTIFICATE OF DEATH.

E 39194

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (NO. ST. 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Rudak

(a) RESIDENCE NO. 1618 Thames ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 55; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Rudak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva Caselnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. Karzeniowski

(Address) 2237 Eager St

Filed NOV 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/10, 1926 to 11/13, 1926 that I last saw h[illegible] alive on 11/13, 1926 and that death occurred, on the date stated above, at 6.10 P.M.

The CAUSE OF DEATH* was as follows: Ulceration Colon Hemorrhage Exhaustion Neoplasm Pancreas 6

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 11/13/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) P. M. Hall, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Dundalk Rd DATE OF BURIAL Nov 17 1926

20 UNDERTAKER F W Ozazewski ADDRESS 1930 Eastern Av

INSTRUCTION is very important. See instructions on back of certificates.

HARRISON JONES M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39195 14-001 E 39195

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Ave + Conwall ST. 26-37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Elizabeth Biemiller

(a) RESIDENCE NO. Eastern Ave + Conwall ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of J Henry Biemiller

6 DATE OF BIRTH (month, day, and year) Dec. 18-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co Md

PARENTS

10 NAME OF FATHER Henry Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Drenk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. Henry Biemiller

(Address) Eastern Ave + Conwall St.

15 Filed NOV 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1928, to Nov 14, 1928, that I last saw h[illegible] alive on Nov 13th, 1928 and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fod, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetary

DATE OF BURIAL Nov 17 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager St.

Important. See instructions on

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39196

CERTIFICATE OF DEATH.

11 E 39196

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2800 Fen ST. 12-51 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas H. Davis

(a) RESIDENCE. No. 2800 Fen ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col

5 Single, ~~Married, Widowed,~~ or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16-98

7 AGE — Years: 30 — Months: — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Williams Bon[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Williams Butler
(Address) 2800 Fen

15 Filed NOV 15 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Nov 14, 1928, that I last saw h[illegible] alive on Nov 14, 1928, and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: [illegible] M. D.
(Address) 1126 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem — DATE OF BURIAL: Nov 17 1928

20 UNDERTAKER: Sam'l H. Chase Sons — ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, [illegible] TION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39197

CERTIFICATE OF DEATH.

188-103
E 39197

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. 12-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth N. Jones.

(a) RESIDENCE NO. 315 N. 28d St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day and year): Mar 4-1920

7 AGE — Years: 8 Months: 7 Days: 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School. 8d

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: Garrett Jones

11 BIRTHPLACE OF FATHER (city or town): Va (State or country)

12 MAIDEN NAME OF MOTHER: Gertrude Washington

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country) Md

14 Informant: Gertrude Jones

(Address) 315 W. 28d St.

Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

NOV 15 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 12 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest and (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: (Dr)

Concussion of Brain and Shock.

(duration) .....yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) 4 yrs. 1 mos. ds.

(Signed) Nov 12 1928 F. E. Link M. D.

(Coroner) (Address) North Mt Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place where disease contracted, if not at place of death: In the City of Balto yrs., mos., ds. In the State yrs., mos., ds.

Former or usual residence Charles St near 31st

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Nov 15 1928

20 UNDERTAKER: Chas H. Chase & Son ADDRESS 400 Madison

THIS SHOULD BE FILLED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39198

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 144 Colvin St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Hendrix

(a) RESIDENCE NO. 144 Colvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hendricks

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ..... 19 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial 11/15 1928

20 UNDERTAKER Samuel H. Ensley ADDRESS 728 N. Broadway

NOV 15 1928

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39199

CERTIFICATE OF DEATH.

185 E 39199

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leitzer

(a) RESIDENCE NO. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Asha Leitzer

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years 45 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

Filed NOV 16 1928 HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 11/15 19 28

20 UNDERTAKER

ADDRESS 502 E North Ave

tion should be carefully supplied. All questions must be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 39200

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

2-FULL NAME John W. Williams

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Williams

6 DATE OF BIRTH (month, day, and year) Sept 10, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. W. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Howser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harpers Ferry Va.

14 Informant Mt Hope Records

(Address) Mt Hope Retreat

Filed NOV 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Nov 14, 1928, that I last saw him alive on Nov 14, 1928, and that death occurred, on the date stated above, at 12:15 m. Midnight

The CAUSE OF DEATH* was as follows:

Paresis.

(duration) 12 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Syphilis

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Wilton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

UNDERTAKER J. W. Cook

DATE OF BURIAL 11/16 1928

ADDRESS 502 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39201 — REGISTERED NO. E 39201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Jekis Ave ST. 16-23 WARD 90 ✓ 2d.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A Hooper Sr.

(a) RESIDENCE NO. 708 Arlington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen C Hooper

6 DATE OF BIRTH (month, day, and year) Nov 10 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James B Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James B Hooper Jr (Address) 1520 Eastern Ave

15 Filed NOV 15 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1928

17 I HEREBY CERTIFY, That I attended deceased, from Nov 6 1928 to Nov. 14 1928 that I last saw h[illegible] alive on Nov. 14 1928 and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) M Blundin, M. D.

St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/17 1928

20 UNDERTAKER Wadkins Cook — ADDRESS 537 E Lafayette

CAUSE OF DEATH must be given TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39202

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 39202

1-PLACE OF DEATH

City of BALTIMORE: (No. At Hospital or Institution give name instead of street and number) St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Press

(a) RESIDENCE NO. 610 S. Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Press

6 DATE OF BIRTH (month, day, and year): June 2nd 1877

7 AGE: Years 51 Months 5 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lineman

(b) General nature of industry, business, or establishment in which employed (or employer): Light Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

Filed NOV 15 1928 HAMILTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

Date of Burial: Nov. 16 1928

20 UNDERTAKER: Lilly & Sulcer Inc.

ADDRESS: 402 W. Mt. St.

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39203

CERTIFICATE OF DEATH.

91-002

E 39203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST. 12-50 WARD)

2-FULL NAME Elizabeth Schaecher

(a) RESIDENCE NO. 1336 E 27th St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

~~Single~~, ~~Married~~, ~~Widowed~~, ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christian H Schaecher

6 DATE OF BIRTH (month, day, and year): May 28. 1847.

7 AGE: Years 81 | Months 5 | Days 16 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Not Given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Agnes Schaecher

(Address): 1336 E. 27th Street

15 Filed NOV 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1928. to 11-13, 1928.

that I last saw h alive on 11-13, 1928.

and that death occurred, on the date stated above, at 10:37 a m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (secondary): Senile gangrene of foot

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Roberts Kelly, M. D.

(Address) 1 E Read St Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 16th '28

UNDERTAKER: Fred A. Krauseklau

ADDRESS: 703 Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Holzmer

HEALTH DEPARTMENT—CITY OF BALTIMORE

39204 129 E 39204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808. William (St.) 27-33 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Holzmer.

(a) RESIDENCE No. 808 William St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married.

5a If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Catherine E. Holzmer.

6 DATE OF BIRTH (month, day, and year) Jan. 24 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	9	21.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer): H. E. Crook. 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles. Holzmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Catherine E. Holzmer. (Address) 808 Wilson St.

15 Filed NOV 15 1928 H. HAMPSON JONES, M. D. Registrar

By Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Nov. 13, 1928, that I last saw h[illegible] alive on Nov. 13, 1928 and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins, M. D.

11/15 1928 (Address) 1 E Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. DATE OF BURIAL: Nov 17 1928.

20 UNDERTAKER: F. A. Krause & Son. ADDRESS: 703 Hanover

TION is very important. See instructions.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39205 — 44 E 39205

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H.) ST., 8-12 WARD)

2-FULL NAME Charles Moore

(a) RESIDENCE No. 2223 E. Biddle st. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Harryman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 NOV 15 1928 J. AMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1928 to Nov. 13, 1928, that I last saw h. in alive on Nov. 13, 1928 and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Malignancy of liver

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith M. D.

11-14 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery

DATE OF BURIAL Nov 16 1928

UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

TION is very important—See instructions on back

Spec.—1-12-23—M&T—500 Blks.

Morgan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39206

CERTIFICATE OF DEATH.

3 | E 39206

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S Arlington St. 18 WARD 19)

2-FULL NAME Noah Morgan

(a) RESIDENCE NO. 124 S Arlington ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 25/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	30	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Noah Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ellen Wolfe

(Address) 124 S Arlington Ave

Filed NOV 15 1928 H. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Nov 14, 1928, that I last saw him alive on Nov 13, 1928 and that death occurred, on the date stated above, at 1 15 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(Lung Abscess)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema, Asphyxia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Norbert C Ritchie, M. D.

11/14/, 1928 (Address) 257 Wilkins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Cemetery Reisterstown Md

DATE OF BURIAL Nov 17 1928

20 UNDERTAKER Harry N Hancock

ADDRESS 4204 Ridgewood Ave

NOV 15 1928

TION is very important See instructions on back of Certificate

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39207

CERTIFICATE OF DEATH.

E 39207

1-PLACE OF DEATH Vera St + Carlton Ave. Sanfield

REGISTERED NO. 100-001

CITY OF BALTIMORE: (No. 25-76 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie May Campbell

(a) RESIDENCE NO. Vera St + Carlton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

6 DATE OF BIRTH (month, day, and year): Sept 14-1928

7 AGE — Years: — Months: 2 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.,

PARENTS

10 NAME OF FATHER: Lewis Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Della Johnson Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lewis Campbell

(Address) Same

Filed NOV 15 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928. Nov 12, 1928.

that I last saw her alive on Nov 12, 1928,

and that death occurred, on the date stated above, at 1145A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, bronchs.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Same

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Robert W. Johnson M. D.

, 19 (Address) 3564 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McCabrey Cem.

DATE OF BURIAL: Nov. 16 1928

UNDERTAKER: Robt S Williams

ADDRESS: 1545 McElderry St

CAUSE OF DEATH must be given. See instructions on back of certificates.

ROBERT W. JOHNSON M. D.

Cor.—12-9-25—A Co.—200 Bks.

Klemer - 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39208

CERTIFICATE OF DEATH.

1 / 88-703

E 39208

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Klemer

(a) RESIDENCE NO. Hemmeter Run Guilford Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Klemer

6 DATE OF BIRTH (month, day, and year) Jan 12 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	45	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Commerce

(c) Name of employer Balt Trust Co

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER John Klemer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Lenie Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Margaret Klemer

(Address) Hemmeter Run md

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Hs death on the day stated above.

The CAUSE OF DEATH* was as follows:

Compound Fracture Frontal Parietal Skull & arm & shock

Auto accident (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) (Balto Co)

(duration) ..... yrs. 7 mos. ..... ds.

(Signed) James U. Penton M. D.

(Coroner)

11 14, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Philadelphia & Baltimore Md 3 yrs

Former or usual residence Hemmeter Run Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Iron Lutheran Cemetery Nov 5 1928

20 UNDERTAKER Frederick Lassahn ADDRESS Fort & Gildestone

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

NOV 15 1928

D. W. SANBORN JOHNSON

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39209

CERTIFICATE OF DEATH.

129 E 39209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4709 Amberley Ave ST. 28-H WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Wm Beckman.

(a) RESIDENCE No. 4709 Amberley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Beckman

6 DATE OF BIRTH (month, day, and year) 5-7-1876.

7 AGE — Years: 52. Months: 6 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sergt Commercial Guard.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Am. Hammered Piston Ring Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Rudolph Beckman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Berlin Germany

12 MAIDEN NAME OF MOTHER: Anna DeGraff.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Catherine A. Beckman

(Address) 4709 Amberley Ave.

Filed NOV 15 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1928

17

I HEREBY CERTIFY, That I attended deceased from May, 1926, to Nov 13, 1928, that I last saw him alive on Nov 13, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4709 Amberly Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin Phy Exam

(Signed) Fred'k T. Kyper, M. D.

, 19 (Address) 3821 Forest Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11-16-28

20 UNDERTAKER: Geo C Farley — ADDRESS: 828 N. Fayette St

mation should be carefully supplied. EXACT statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

NOV 15 1928

Cor.—12-9-25—A Co.—200 Bks.

E 39210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 ✓ E 39210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 336 Canal St. 11-24 (Ward)

2-FULL NAME Anna Parker

(a) RESIDENCE NO. 336 Canal St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 9 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): June 3 - 1928

7 AGE — Years: 0 Months: 5 Days: 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country)

PARENTS

10 NAME OF FATHER: Leemus Parker

11 BIRTHPLACE OF FATHER (city or town): N. C. (State or country)

12 MAIDEN NAME OF MOTHER: Mary Whitehead

13 BIRTHPLACE OF MOTHER (city or town): Va. (State or country)

14 Informant: Mary Parker (Address) 336 Canal St

15 Filed NOV 15 1928 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery. Date of Burial: Nov 16 28

20 UNDERTAKER: Adolphus Halstead ADDRESS: 904 N. Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Every item is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39211

CERTIFICATE OF DEATH.

88-203 E 39211

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 16-37 Ward)

REGISTERED NO.

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Vogel

(a) **RESIDENCE NO.** Deep Creek Ave Balto Co. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Vogel Vogle

6 DATE OF BIRTH (month, day, and year) 4. 24. 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50	6	17 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER David Vogel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Rousch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary D. Vogel

(Address) Deep Creek Ave Balto Co

15 Filed ..... 19 .....

C. HARRISON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull & Hemorrhage of Lung, Auto accident (Balto Co)

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. 1 mos. ..... ds.

(Signed) James H Fenton M. D.

(Coroner)

11 15. 1928 (Address) 100 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Deep Creek Ave (Balto Co.)

Former or usual residence Same as above

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — Date of Burial Nov. 16 1928

20 UNDERTAKER John G. Connelly — ADDRESS Essex

OF DEATH in plain terms, so that it may be properly classified. Last very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 39212

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 10-13 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Jeffries

(a) RESIDENCE NO. 822 No Carolvie ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem Steel

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Not Obtained

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 15 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-10, 1928, to 11-12, 1928, that I last saw him alive on 11-12, 1928 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left with Hemiplegia, right

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Atherosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of business

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. M. Slack M. D.

(Address) BALTIMORE CITY HOSPITALS, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Nov. 16, 1928
20 UNDERTAKER Mrs. P. G. Elliott	ADDRESS 1725 Ashland Ave

Spec.—1-12-23—M&T—500 Bks.

39213 V

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39213

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 5-8 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Collison

(a) RESIDENCE NO. 1205 St. Matthews st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Collison

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 010

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Iris Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Hospital Records

(Address)

Filed NOV 15 1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 28, to Nov. 12, 19 28,

that I last saw her alive on Nov. 12, 19 28

and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Toxic jaundice

Pyothorax

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

11-15-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Nov 16 19 28
UNDERTAKER	ADDRESS
Milton Davis Jr	2103 Pen St

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39214

CERTIFICATE OF DEATH

Municipal Health No. 10 E 39214

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1027 Spence ST., 25-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earle Hewlin Martin

(a) RESIDENCE NO. 1027 Spence ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26 1928

7 AGE: Years 0 Months 1 Days 19 / If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Verta Blackburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Isaac Martin

(Address) 1027 Spence St

15 Filed NOV 15 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 19 28, to Nov 14, 19 28, that I last saw him alive on Nov 14, 19 28, and that death occurred, on the date stated above, at 10-30 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. Mc Pfeffer M. D.

Nov 15, 19 28 (Address) 2457 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross MC

DATE OF BURIAL: 11-16 1928

UNDERTAKER: [illegible]

ADDRESS: [illegible]

CAUSE OF DEATH to be given by PHYSICIAN ONLY. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39215

CERTIFICATE OF DEATH.

166

E 39215

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 Central Ave St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Cox

(a) RESIDENCE NO. 914 Central Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Mar. 30, 1907

7 AGE: Years 21 Months 6 Days 15 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy Dipper

(b) General nature of industry, business, or establishment in which employed (or employer): Nelson Buschild

(c) Name of employer: Preston Mfg. Co.

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Michael E. Cox

11 BIRTHPLACE OF FATHER (city or town): Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Anna K Dreyer

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md.

(State or country)

14 Informant: Mother Anna K. Cox

(Address): 914 Central Ave

Filed: 15 1928 by: HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poisoning

Suicide (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Zell M. D.

(Coroner)

11/14 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 914 Central Ave.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brook Hill Cemetery Date of Burial: 11/17 1928

20 UNDERTAKER: Edmund W. Conklin ADDRESS: 1242 E. Eager St.

OF DEATH in plain terms, so that it may be properly classified. Entries very important. See instructions on back of certificate.

NOV 15 1928

Cor.—12-9-25—A Co.—200 Bks.

E 39216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39216

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saml Taylor

(a) RESIDENCE NO. 60 Oldtlet St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE: Years 27 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) Belair md (State or country) Nov 12

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) md (State or country)

14 Informant Hattie Robinson (Address) Belair md

15 F.....

19 .....

Registrar

OV 15 1928

OF DEATH in plain terms, so that it may be properly classified. Very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(Primary) Fell off curb an hour

CONTRIBUTORY (Secondary) head (duration) yrs. mos. ds.

(Signed) J. C. Smith M. D.

(Coroner)

(Address) North Ave & Penn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Penna ave near Baker

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Henry Hill Cem Md 11-15 1928

UNDERTAKER: ADDRESS

D Saml Taylor 60 Old

Spec.—1-12-23—M&T—500 Blks.

E 39217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39217

151

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... ST., 76-11 WARD)

2-FULL NAME Catherine Eiler

(a) RESIDENCE NO. 900 N Highland Ave WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William C.F. Eiler

6 DATE OF BIRTH (month, day, and year) Feb 1861 Feb 29.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Albert Wentzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. C.F. Eiler
(Address) Rengies, Balto Co. Md.

15 Filed NOV 15 1928 C. HAMPSON JONES, M. D.
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/28 , 1928 , to 11/14 , 1928 ,
that I last saw h[illegible]alive on 11/14 , 1928 ,
and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:
Hemiplegia 1 day
Fracture of left Femur (Senile)

(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of 9/10/28
Was there an autopsy? No
What test confirmed diagnosis? Clinical History

(Signed) C. P. Jones, M. D.
, 19 (Address) 1211 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Nov. 16 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS Baltimore St. & Broadway

TION is very important See instructions on back of certificate.

Spec.—1-16-21—M&T—1500 Bks.

E 39218

21922

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 39218

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-40 WARD)

2-FULL NAME Nellie Myers

(a) RESIDENCE No. 7019 Mayfield St. Case WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L Meyers

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - ad

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER George Fanning

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Louisa

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 15 1928 Per Hall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1928, to Nov. 14 1928, that I last saw her alive on Nov. 14 1928, and that death occurred, on the date stated above, at 3-30 P m.

The CAUSE OF DEATH* was as follows:

Ch. Nephritis. Arteriosclerosis Hypertension Myocardial failure

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Clarence Gardner Jr. M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL Nov. 17 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS Baltimore St & Broadway

CAUSE OF DEATH: plain terms, ... TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39219

CERTIFICATE OF DEATH

38

E 39219

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE (No. 1510 Rice ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert J. Smith

(a) RESIDENCE NO. 1510 Rice ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Smith

6 DATE OF BIRTH (month, day, and year) Nov 6 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Arthur Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Col.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Isadora Palmer

(Address) 717 Dolphin St.

Filed 11 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per WRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14/28

17 I HEREBY CERTIFY, That I attended deceased from 11/5, 19 28, to 11/14, 19 28, that I last saw h alive on 11/13, 19 28, and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

CHD (duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Probably Luetic (duration) Unk yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic Clinical

(Signed) [illegible] M. D.

11/14/28 (Address) 908 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 16 1928
20 UNDERTAKER Mrs. Kate R. Williams	ADDRESS 322 E. Lanvale St.

Important. Be particular and write plainly.

Spec.—1-12-23—M&T—500 Blks.

E 39220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 118 E 39220

1-PLACE OF DEATH Church Home + Inf.

CITY OF BALTIMORE: (No. Broadway + Fairmount ST.) 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Marietta Seleam

(a) RESIDENCE NO. Jackson Apts. Norfolk, Va ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of N. J. SELEANS

6 DATE OF BIRTH (month, day, and year) ? ? 1875

7 AGE: Years about 53 | Months ? | Days ? | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Syria

PARENTS

10 NAME OF FATHER N. Rubaiz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Syria

12 MAIDEN NAME OF MOTHER Eliaude Jabt-

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Syria

14 Informant S. K. Rubaiz

(Address) Norfolk Va

Filed NOV 15 1928 19

C. HAMPSON JONES, M. D.

Per PCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1928, to Nov. 13, 1928, that I last saw h[illegible] alive on Nov. 13, 1928 and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Paralytic ileus, intestinal obstruction, hiatus pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 5, 1928

Was there an autopsy? No phus. Exam

What test confirmed diagnosis?

(Signed) Walter S. Johnson, M. D.

Nov. 19 28 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va — DATE OF BURIAL: Nov 15 19 28

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 418 Monday

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39221

CERTIFICATE OF DEATH.

167 E 39221

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 N. Washington St St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate R. Bassett

(a) RESIDENCE NO. 219 N. Washington St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T.Bassett

6 DATE OF BIRTH (month, day, and year) May 15/1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Short

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Wm. T. Bassett

(Address) 219 N. Washington St

15 Filed C. HAMPSON JONES, M. D.

1 5 1928 Per Registrar.

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Hill M. D.

(Coroner)

11/15/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos.....ds. In the State ...yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — Date of Burial 11/16 1928

20 UNDERTAKER Wilson Corp — ADDRESS 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39222

E 39222

REGISTERED NO. 24-091

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 N Castle ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H Reynolds

(a) RESIDENCE NO. 924 N Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Reynolds

6 DATE OF BIRTH (month, day, and year) Oct 16, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 6 d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Southern Bell Co

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Mary Nurse

(Address) 2518 Druid St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

NOV 15 1928 dec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10 19 28 to Nov. 14 19 28

that I last saw h-- alive on Nov 14 19 28

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis Liver

(duration) 1 yrs. 9 mos. 5 ds.

18 Where was disease contracted if not at place of death? at residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. Hampson Jones M. D.

11/15, 1928 (Address) 1007 E. Monument 1st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11 17 1928
20 UNDERTAKER	ADDRESS
William Cook	1225 Light St

Important. See instructions on back of Certificate

Spec.—2-29-28—L. F. S.—500 Bks.

E 39223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39223

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Overview Road. ST. (OR AVE.) near Ruxton Rd. 15-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Johnson.

(a) RESIDENCE NO. 3712 Overview Road. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth L. Johnson.

6 DATE OF BIRTH (month, day, and year) May. 23. 1862.

7 AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
	66.	5.	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tender Repairman.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway.

PARENTS

10 NAME OF FATHER Charles Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant Elizabeth L. Johnson, Wife

(Address) 3712 Overview Road.

15

Filed 1 5 1928, 19

By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 14. 28.

17

I HEREBY CERTIFY, That I attended deceased from 1. 14. 28, 19, to 11. 14. 28, 19, that I last saw h alive on 11. 13. 28. 19, and that death occurred, on the date stated above, at 10. 15 A m.

The CAUSE OF DEATH* was as follows:

(a) Uremia Paresis Lymatous Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis-Uremia

(Signed) O Leigh B. Towles, M. D.

11.15.28, 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	Nov. 17 1928
20 UNDERTAKER	ADDRESS
A Howard Evans	388 E Fort ave

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39224

CERTIFICATE OF DEATH.

16 E 39224

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1349 N. Gilmor ST. 15-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Shipley -

(a) RESIDENCE NO. 1349 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1928 -

7 AGE: Years — Months — Days 8 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md -

PARENTS

10 NAME OF FATHER James Conaway -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia -

12 MAIDEN NAME OF MOTHER Lillian Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant mother

(Address)

15 Filed ..., 19... By ... Registrar

C. HAMPSON JONES M. D.

296 NKM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928, to Nov. 15, 1928, that I last saw her alive on Nov. 14th, 1928, and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Norris M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19...

20 UNDERTAKER Commissioner Health

ADDRESS

NOV 15 1928

CAUSE OF DEATH must be filled in plainly, so that it can be understood. See instructions on back of certificates.

1 5 1928

Spec. 1-10-21 M&T 1500 Bks.

E 39225 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39225

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 19 E. Cross St Balto. REGISTERED NO. 16

CITY OF BALTIMORE: (No. 19 E. Cross ST., WARD 23-33)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Stewart

(a) RESIDENCE No. 19 E. Cross ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/13/28

7 AGE: Years — Months — Days 2 days. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Clyde Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Lycett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant mother

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

2966 RKH

Registrar C. HAMPSON JONES, M. D.

NOV 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1928, to Nov 15 1928

that I last saw h/m alive on Nov 14th 1928,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Alexander Hovey, M. D.

, 19 (Address) 15 16 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER Commissioner Health

ADDRESS

NOV 15 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 39226

CERTIFICATE OF DEATH.

159-002
E 39226

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 S. Sharp St. 23-31 St. Ward)

2-FULL NAME Viola Johnson. (C)

(a) RESIDENCE NO. 1125 S. Sharp St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 15, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Johnson. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Laura Thompson. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant Laura Johnson. (C) mother

(Address) 1125 S. Sharp St.

NOV 18 1928

Filed C. HAMPSON JONES, M. D.
Registrar

Per R.R.R.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto W. Leonhardt, M. D.
(Coroner)

11/15 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs.. ...mos.. ds. In the State ...yrs.. ...mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Date of Burial Nov. 16 19

20 UNDERTAKER C. Hill Brown's Son ADDRESS

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39227

CERTIFICATE OF DEATH

44 E 39227

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 14 N. Chester St ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gehzel Fax

(a) RESIDENCE NO. 14 N. Chester St ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Fax

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Antonn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antonn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

11 Informant Joseph Fax

(Address) 14 N. Chester St

15 Filed 19 Registrar

NOV 16 1928 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/28

17 I HEREBY CERTIFY, That I attended deceased from July, 1928 to Nov 15, 1928 that I last saw him alive on Nov 15, 1928 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? history, exam. + X-ray

(Signed) David Cohen M. D.

11/16, 1928 (Address) 223 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale Cem	11/16 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1409 E. Eutaw St

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Cadiz & Over ST.) 10-4 (WARD)

REGISTERED NO. 24 E 39228

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes M Schreefer

(a) RESIDENCE NO. 924 Sterling Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	61	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Schreefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Pfeil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. Andrew Schreefer

(Address) 924 Sterling Ave

15 Filed NOV 16 1928 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 15, 1928, that I last saw h[illegible] alive on Nov 15, 1928, and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Resp. Paralysis (duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. Messina, M. D.

11/15, 1928 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 19 1928
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

CAUSE OF DEATH to be given in plain English. DO NOT USE MEDICAL TERMS UNLESS YOU EXPLAIN THEM. ABBREVIATIONS SHOULD NOT BE USED. INFORMATION IS VERY IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39229

CERTIFICATE OF DEATH.

188-103 E 39229

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin J. Smith

(a) RESIDENCE NO. 2403 E. Biddle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. H.Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Grace E. Pritchett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed 19 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Base Skull- Struck by auto- mobile near Biddle St & Montford Ave.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Falls M. D.

(Coroner)

19 11/15/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Nov. 17 1928

20 UNDERTAKER Penny Hoeck Inc ADDRESS 130 E Eager St

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

V 6 1928

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39230 E 39230

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Baker ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Brown

(a) RESIDENCE NO. 1615 Baker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Brown

6 DATE OF BIRTH (month, day, and year): April 1881

7 AGE: Years 47 Months 7 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Abner Beard

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Betty Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Sophia Brown

(Address) 1615 Baker St

15 Filed NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12th 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1928, to Nov 13th, 1928, that I last saw him alive on Nov 12th, 1928, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from history a few weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Asthenia Gen. Debility

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Analysis of Sputum

(Signed) H. B. Haslett, M. D.

, 19 (Address) 1702 Druid ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Nov 17th 1928

20 UNDERTAKER: Samuel Gilbert ADDRESS: Edmondson

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

19745

E 39231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 31

E 39231

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. WARD 9-4

2-FULL NAME Philip A. Dobler

(a) RESIDENCE NO. Stemmers Run, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be property classified. EXAMINATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single (Child)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 1st 1923

7 AGE: Years 5 Months 6 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Maryland

PARENTS

10 NAME OF FATHER: Adam Dobler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Maryland

12 MAIDEN NAME OF MOTHER: Emma Wampler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Maryland

14 Informant: Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

By R.C.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928, to Nov 15, 1928, that I last saw him alive on Nov 15, 1928 and that death occurred, on the date stated above, at 6 10 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs, mother, pleurisy the

(duration) ? yrs. 6? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tubercle bacilli - spinal fluid

(Signed) Alexander J. Schaffer, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Zion Lutheran Cemetery DATE OF BURIAL: Nov. 18 1928

20 UNDERTAKER: Fred'k Loeffler Sons ADDRESS: Frederick

DV 161928

Spec.—12-9-25—A Co.—200 Bks.

E 39232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 39232

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 803 N. Luzerne ave St. 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert A. Long

(a) RESIDENCE NO. 803 N. Luzerne ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 30 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. (State or country): Md

PARENTS

10 NAME OF FATHER: George Lang

11 BIRTHPLACE OF FATHER (city or town): (State or country): Germany

12 MAIDEN NAME OF MOTHER: not Known

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Germany

14 Informant: Albert A. Lang (Address)

15 Filed: NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

By: Ella A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 15 19 28 to Nov 15 19 28, that I last saw h~~e~~ alive on Nov 14 19 28, and that death occurred, on the date stated above, at 1 30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alice B Lemmon M. D.

11/16 1928 (Address) 718 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Date of Burial Nov. 17 1928

20 UNDERTAKER: Jos. J. Dern ADDRESS 156 N. Luzerne

DO NOT WRITE IN THIS SPACE

NOV 16 1928

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39233

CERTIFICATE OF DEATH.

11 26 E 39233

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 George St. 17-26 Ward)

2-FULL NAME Emma Hundley

(a) RESIDENCE NO. 804 George St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Doc Hundley

6 DATE OF BIRTH (month, day, and year): 1887-

7 AGE: Years 41 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 04

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Nick Rone

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Doc. Hundley

(Address): 804 George St

Filed NOV 16 1928 19 C. HAMPSON JONES, M. D. Registrar

or

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) yrs. mos. hours.

CONTRIBUTORY (Secondary) Error of diet

(Duration) yrs. mos. hours.

(Signed) J. A. Link M. D.

(Coroner)

Nov. 15 1928 (Address) 1117 Fr & Penn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jackahannock Va Date of Burial 11-16 1928

20 UNDERTAKER: Hunt Easton ADDRESS 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact Nativity of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 39234

1-PLACE OF DEATH Maryland General Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Howard + Madison St. 2-4 WARD)

2-FULL NAME Mrs Katherine Belkowski

(a) RESIDENCE NO. 219 S. Ann St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Stanislaus Belkowski

6 DATE OF BIRTH (month, day, and year) Oct. 28-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Kowalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mst Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Hosp Records

15 FILED NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 29. 1928 to Nov 14. 1928.

that I last saw h alive on Nov 14. 1928.

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uremia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis with Uremia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 31, 1928

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. Kupferschmied M. D.

11/14 1928 (Address) Md. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 11/19 1928

UNDERTAKER William Fiedsworth

ADDRESS 1618 Gaither Av

CAUSE OF DEATH to be plainly written, with ink. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39235

CERTIFICATE OF DEATH

38 E 39235

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 500 N. Patterson Pk Ave. St. 7-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion B. Derr.

(a) RESIDENCE NO. 500 N. Patterson Pk. Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret H. Derr

6 DATE OF BIRTH (month, day, and year) April 19-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Lamp & Lighting Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER B. Derr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret H. Derr

(Address) 500 N. Patterson Pk Ave.

15 Filed NOV 16 1928, HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1928, to Nov. 14, 1928, that I last saw him alive on Nov. 13, 1928 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Aneurism thoracic aorta

Acute nephritis - 5d. duration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Gilpin, M. D.

, 19 (Address) 435 N Patterson Pk Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	Nov. 16 1928
UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans st

Important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39236

CERTIFICATE OF DEATH.

49 E 39236

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 S. Kenwood Ave ST., 1-1 WARD)

2-FULL NAME John C. Keilbar

(a) RESIDENCE NO. 931 S. Kenwood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara E. Keilbar

6 DATE OF BIRTH (month, day, and year): Aug 20/71

7 AGE — Years: 57 Months: 2 Days: 10 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Pr 086

(b) General nature of industry, business, or establishment in which employed (or employer): Maker

(c) Name of employer: J. H. Fischer Sons

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo. Keilbar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Clara E. Keilbar
(Address): 931 S. Kenwood Av

15 Filed NOV 16 1928, 19..., C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15th 1928

17

I HEREBY CERTIFY, That I attended deceased from October 1, 1928, to November 15 1928, that I last saw him alive on November 15, 1928, and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Hypernephroma, Right Kidney

(duration) ..... yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of October 10, 1928

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) Vernon H Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltolem — DATE OF BURIAL: 11/17 1928

20 UNDERTAKER: B Philip Herwig — ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

21 Ge 39237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-002

E 39237

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-16 WARD)

2-FULL NAME Warren Horstman

(a) RESIDENCE NO. 1738 N Port St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Horstman

6 DATE OF BIRTH (month, day, and year) May 21/80

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 083

(b) General nature of industry, business, or establishment in which employed (or employer) Cementer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Andrew J. Horstman

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 16 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1928, to Nov 13, 1928, that I last saw her alive on Nov 13, 1928, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Perforated duodenal ulcer

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Nov. 9, 1928

Was there an autopsy? Yes.

What test confirmed diagnosis? Surg. autopsy

(Signed) Harvey C. Gardner M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 11/16 1928

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39238

CERTIFICATE OF DEATH

24-001 E 39238

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N Milton Ave ST., 8-14 WARD)

2—FULL NAME John Joseph Pfarr

(a) RESIDENCE NO. 1111 N Milton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~): Charlotte Pfarr

6 DATE OF BIRTH (month, day, and year): March 18 1855

7 AGE: Years 73 | Months 7 | Days 27 26 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Ludwig Pfarr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothy Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Violet Pennie

(Address) 1111 N Milton Ave

15 11 16 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-1 1928 to 11-14 1928

that I last saw him alive on 11-14 1928

and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Leoos M. D.

11/15 1928 (Address) 4B 57 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Nov 17 1928

20 UNDERTAKER: Hurd Crockett — ADDRESS: 1900 E. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

E 39239

HEALTH DEPARTMENT—CITY OF BALTIMORE

3/ E 39239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1417 N Bentalou St. 15-60 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delores Mary Fox

(a) RESIDENCE NO. 1417 N Bentalou St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug-20-1911

7 AGE: Years 17 | Months 2 | Days 26 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tayloress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Basford Tailoring Co

9 BIRTHPLACE (city or town): Frederick

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: William Henry Fox

11 BIRTHPLACE OF FATHER (city or town): Frederick

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Gertrude Gannon

13 BIRTHPLACE OF MOTHER (city or town): Frederick

(State or country): Maryland.

14 Informant: Mrs W. H. Fox

(Address): 1417 N. Bentalou St.

15 Filed: NOV 16 1928

C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 15-1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to November 15, 1928, that I last saw her alive on November 15, 1928, and that death occurred, on the date stated above, at 12:50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum & Physical signs

(Signed) Chester Ryland, M. D.

11-15, 1928 (Address) 2502 E. Monument Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Roman Catholic Date of Burial: 11/17/1928

20 UNDERTAKER: Geo. Wilbur & Son ADDRESS: 2503 Edmondson

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 / E 39240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Vol. America Hosp (St.) 26-10 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Serio

(a) RESIDENCE NO. 3150 Leads ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 3 3 1870

7 AGE: Years about 58 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Glass

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14

Informant: Mary Esse

(Address) 3003 Hyde Ave

15

Filed NOV 16 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928, to Nov 14, 1928,

that I last saw him alive on Nov 13, 1928

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemorrhage (Pulmonary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. J. Conrey, M. D.

11-14, 1928 (Address) Vol. America Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 11/17 1928

UNDERTAKER: Urciam Cook — ADDRESS: 502 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39241 HEALTH DEPARTMENT—CITY OF BALTIMORE

148 E 39241

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Vaughan

(a) RESIDENCE NO. 2527 Robb St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip J. Vaughan

6 DATE OF BIRTH (month, day, and year): Mar 13 1902

7 AGE: Years 19 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Michael Browne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Philip J. Vaughan

(Address): 2527 Robb St

15 Filed NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 15 1928

17

I HEREBY CERTIFY, That I attended deceased from 11 13 1928, to 11 15 1928,

that I last saw h alive on 11 15 1928,

and that death occurred, on the date stated above, at 5:52 a. m.

The CAUSE OF DEATH* was as follows:

Post partum eclampsia

(duration) yrs mos 1½ ds.

CONTRIBUTORY (Secondary)

Nephritis (duration) yrs mos 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) [illegible] M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Nov. 17 1928

20 UNDERTAKER: Bibi Niedfeld — ADDRESS: 914 Fremont Av

CAUSE OF DEATH must be filled in by the attending physician. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39242 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1175 E 39242

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. ST., 1226 WARD)

2-FULL NAME Allen Keenan

(a) RESIDENCE No. 1621 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/22/1901

7 AGE: Years 27 Months 8 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer): Oil business

(c) Name of employer: Amer. Oil Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Walter J. Keenan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Laura Bentley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Hospital Record

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15 1928.

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1928. to 11-15, 1928.

that I last saw h/M alive on 11-15, 1928.

and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:

Acute Lungerous appendicitis.

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 10-31-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A. Groupstine M. D.

11/15/28 (Address) 1621 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL 11/17 1928

20 UNDERTAKER: Mary A. Southerop

ADDRESS 0809 Raynor Ave

CAUSE OF DEATH to be written in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39243

CERTIFICATE OF DEATH

E 39243

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Eutaw Place ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Belle Siegmund

(a) RESIDENCE NO. 1739 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Siegmund

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) South Bend

(State or country) Indiana

PARENTS

10 NAME OF FATHER John Ziegler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14

Informant Mr. Charles E. Siegmund

(Address) 1739 Eutaw Place

15

Filed NOV 16 1928 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to Nov 14, 1928, that I last saw h[illegible] alive on Nov 14, 1928, and that death occurred, on the date stated above, at 8.50 A. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(2nd Attack) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

11/15. 1928 Address 1927 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 17 1928
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

Kathryn Murphy.

E 39244

HEALTH DEPARTMENT—CITY OF BALTIMORE

15-001 E 39244

CERTIFICATE OF DEATH

1—PLACE OF DEATH Feling Sanat Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3825 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Murphy

(a) RESIDENCE NO. Same ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 4-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Boston Mass

PARENTS

10 NAME OF FATHER: Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Donovan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Leo Murphy

(Address): 722 Redwood St

15 Filed NOV 16 1928 [illegible] Registrar. E.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/14/28

17 I HEREBY CERTIFY, That I attended deceased from Feby. 28, to Nov. 12, 28, that I last saw h alive on 11/12, 28 and that death occurred, on the date stated above, at 1-10 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Left)

Cerebral Arterio-Sclerosis (duration) 4 yrs. 9 mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma (duration) 3 yrs. 10 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Fraser M. D.

, 19 (Address) 907 N. Chas. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11.17. 1928

20 UNDERTAKER: H. Brauning Son — ADDRESS 1136 Poplar Grove St

Important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39245

CERTIFICATE OF DEATH

100-001 E 39245

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 214 Roland ave St.) 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Tyler Brady

(a) RESIDENCE NO. 214 Roland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence In city or town where death occurred 45 yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James H. Brady

6 DATE OF BIRTH (month, day, and year) Jan 5 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Glassboro

(State or country) New Jersey

PARENTS

10 NAME OF FATHER John Edward Hunter

11 BIRTHPLACE OF FATHER (City or town) Montpelier

(State or country) Vermont

12 MAIDEN NAME OF MOTHER Olivia Hunter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Dr Leo Brady

(Address) 206 Longwood Road

15 Filed Nov 15 1928 C. HAMPSON JONES, M. D. Registrar

Per

161928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928 to Nov 15, 1928.

that I last saw h[illegible] alive on Nov 15, 1928.

and that death occurred, on the date stated above, at 9.A.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) Leo Brady, M. D.

, 19 (Address) 206 Longwood Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae — Date of Burial Nov 17 1928

20 UNDERTAKER HENRY W. JENKINS — ADDRESS Orchard & McCulloh

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

4266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39246

CERTIFICATE OF DEATH.

E 39246

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-25 Ward)

2-FULL NAME John Pfister

(a) RESIDENCE NO. 112 W Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Pfister

6 DATE OF BIRTH (month, day, and year): July 15 1848

7 AGE: Years 80 Months 4 Days — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): Board of Trade

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Valentine Pfister

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Barbara Close

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs Pfister

(Address) 112 W Mulberry

15 FILED ..... 1928 C. HAMPSON JONES, M. D. Registrar

NOV 16 1928

or 2004

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden (duration) (Some years) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov 15 1928 (Signed) W. S. Ruby M. D. (Coroner)

, 19 28 (Address) 639 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 1 yrs. 24 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial 11/19 1928

20 UNDERTAKER: Chas R Krause & Son ADDRESS 118 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39247

CERTIFICATE OF DEATH

E 39247

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 12-49

CITY OF BALTIMORE: (No.) Calvert & 33rd St. ST., (12) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert W. Rayner.

(a) RESIDENCE NO. 2 Warrington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Rebecca S. Rayner.

6 DATE OF BIRTH (month, day, and year) May 7, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	64	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Real Estate Broker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER William S. Rayner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Jacobsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Albert W. Rayner (Address) 222 E 39th St

15 Filed NOV 16 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 29, 1928, to November 16, 1928, that I last saw him alive on November 16, 1928 and that death occurred, on the date stated above, at 5.25 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 4? mos. ds.

CONTRIBUTORY (Secondary) Pyuria (syphilis + cystitis)

(duration) yrs. 3? mos. ds.

18 Where was disease contracted if not at place of death? Paris, France.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Blood examination

(Signed) Francis W. Gluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Har Sinai Cem.	11/ 1928

20 UNDERTAKER Abard Sondheim ADDRESS 1130 W. Mt. Royal Ave

Important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

2 1 9F 23 39248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 E 39248

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2-4 WARD)

2-FULL NAME John Calo

(a) RESIDENCE No. 508 S Durham ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Maria Calo

6 DATE OF BIRTH (month, day, and year) 8/7/01

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Carmelo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER ~~Rosa Biangolo~~ Rosa Biangolo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 16 1928 C. HAMILTON JONES, M. D. Registrar

Par. Well

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct-11, 1928, to Nov-14, 1928, that I last saw him alive on Nov-14, 1928, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. ..... mos 32 ds.

CONTRIBUTORY (Secondary) Perforation of ulcer Peritonitis (duration) yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Yes Date of 11-13-28

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) C D Briggs ..... M. D.

11/15, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 17 1928

20 UNDERTAKER John Ulrich

ADDRESS 200 E Eager

CAUSE OF DEATH must be plainly written. See instructions on back of certificates.

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39249

Gl 9462 39249

CERTIFICATE OF DEATH.

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 96-36 WARD)

2-FULL NAME Nancy Lee Andrews

(a) RESIDENCE NO. 665 St. Helena Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced. (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Andrews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 16 1928 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1928 to Nov-15 1928, that I last saw her alive on Nov-15 1928, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Acute nutritional disturbance with diarrhea, dehydration and death.

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Norman Warfield M. D.

11/16 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews Cem | DATE OF BURIAL 11/17 1928

20 UNDERTAKER: Rose Merici | ADDRESS 928 E Lexington

CAUSE OF DEATH to print terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 57 E 39250

1—PLACE OF DEATH Provident Hospital REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid ST., 16 WARD)

2—FULL NAME Sarah Chase

(a) RESIDENCE NO. 1104 N Lafayette Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Chase

6 DATE OF BIRTH (month, day, and year) 11-15-78

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jennie Rice

(Address) 1404 N. Lafayette

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

1 61928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15-28

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 15, 1928, that I last saw h.e.r alive on Nov 15, 1928, and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Diabetis (duration) yrs. mos. ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Jackson M. D.

11/5, 19 28 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooks Chapel Calvert Co Md	Nov 18 19 28
20 UNDERTAKER Sam H. Chase & Son	ADDRESS Pratt & Mosher

Spec.—1-10-21—M&T—1500 Bks.

E 39251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39251

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1242 William ST. 24-33 WARD

2-FULL NAME Annie Turner

(a) RESIDENCE No. 1242 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Turner

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs Birtha Theobus

(Address) 1242 William St

15 11 6 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 8, 1928, that I last saw h[illegible] alive on Nov 8, 1928, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

11/12 1928 (Address) 1244 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH should be given in plain terms, so that it may be understood by the laymen. TION is very important. See instructions on back of certificates.

UNIVERSITY OF MARYLAND
Commissioner Health
NOV 16 1928

Spec.—1-12-23—M&T—500 Bks.

E 39252 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39252

CERTIFICATE OF DEATH. 14001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 16-20 WARD)

2-FULL NAME Thomas Norney

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Margaret O'Brien

6 DATE OF BIRTH (month, day, and year) 9-25-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) East Kinnare

PARENTS

10 NAME OF FATHER Matthew Norney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley Sts

15 Filed NOV 16 1928, 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1928 to , 19 , that I last saw him alive on Nov 13 1928 and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Mann, M. D.

Nov 14, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 11-19 1928

20 UNDERTAKER H. Brauning Sons

ADDRESS 1136 Pulaski Gross St

CAUTION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39253

CERTIFICATE OF DEATH.

90

E 39253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 E. 36th St St. 4-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ora Virginia Larson

(a) RESIDENCE NO. 616 E. 36th St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 7/84

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	44	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond, Va.

10 NAME OF FATHER Henry Earl Holzbach

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Susie C. Unlauf

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey.

PARENTS

14 Informant Husband

(Address)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

(Hypertension for some time)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Patter, M. D.

(Coroner)

11/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va. Date of Burial 11/16/28

20 UNDERTAKER Mary C. Leuthof ADDRESS 1589 Regnara

OF DEATH in plain terms, so that it may be properly classified. Early Statement is very important. See instructions on back of certificate.

16 1928 C. HAMPSON JONES, M. D. Registrar

Per

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39254

CERTIFICATE OF DEATH.

Registered No. 74001

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 S. Linwood St, 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Linda Wade

(a) Residence No. 105 S. Linwood St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 19th 68

7-AGE. 60 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). N. Y.

PARENTS.

10-NAME OF FATHER John J. Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). N. Y.

12-MAIDEN NAME OF MOTHER. Barbara George

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N. Y.

14- (Informant) E. L. Healey

(Address) 105 S. Linwood

15- [illegible] C. HAMPSON JONES, M. D.

Per [illegible] Registrar.

V 1 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 19th 28

17- I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

that I last saw h... alive on [illegible], 19...

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon PK. DATE OF BURIAL. Nov 17th 19 28

20-UNDERTAKER. A. Jones ADDRESS 111 S. Gilmor

In plain terms, so that it may be properly classified. Exact information is required. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 39255

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 412 W 25 ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George A Houck

(a) RESIDENCE NO. 412 W 25 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Houck

6 DATE OF BIRTH (month, day, and year) May 11 83

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Charles Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Catherine Craig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mary Houck

(Address)

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

By

161928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov 15th, 1928, that I last saw him alive on Nov 13th, 1928, and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Picture

(Signed) W. H. Didusbury, M. D.

, 19 (Address) 850 N 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hunt	Nov 17 1928

17a UNDERTAKER Ehrmantraut & Chestnutt ADDRESS 361

Cor.—12-9-25—A Co.—200 Bks.

E 39256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39256

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 413-W-28 St. 12-51 Ward)

2-FULL NAME Frank H Jenkins

(a) RESIDENCE NO. 413 W- 28 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Jenkins

6 DATE OF BIRTH (month, day, and year): Nov 24 1867

7 AGE: ~~Years~~ 60 ~~Months~~ 11 ~~Days~~ 22. IF LESS THAN 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Robt Jenkins

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Emily Andrews

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Elizabeth Jenkins

(Address) 413 W 28th St.

15 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

Nov 16/28 GC Hades

(Duration) yrs. mos. 1 ds.

(Signed) (Coroner) M. D.

, 19 (Address) 1431 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial: Nov 19 1928

20 UNDERTAKER: Pharaoh & Son ADDRESS: 3 S Charles Ave.

OF DEATH in plain terms, so that it may be properly classified. Early statement of occupation is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

(Marien L. H. Lee)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39257

106-901

E 39257

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. 13-57

CITY OF BALTIMORE: (No. 33 d & Calvert ST. W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marien L. H. Lee

(a) RESIDENCE NO. 3523 Kalwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Maurice Perrish

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgia

14 Informant Mother
(Address) 3523 Kalwood Ave

15 Filed ..., 19 ... Registrar
Par

C. HAMPSON JONES, M. D.

1 6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1928

17 I HEREBY CERTIFY, That I attended deceased from November 16, 1928, to Nov. 16, 1928, that I last saw him alive on Nov. 16th, 1928 and that death occurred, on the date stated above, at 8.35 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Broncho-Pneumonia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlarged Thymus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. H. Swartzwelder M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Nov 17 1928

20 UNDERTAKER Emmert Bros — ADDRESS 3615 Elsetwood

Cor.—12-9-25—A Co.—200 Bks.

E 39258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39258

REGISTERED NO.

(If death occurred In a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 20-69 Ward)

2-FULL NAME John Maloney

(a) RESIDENCE NO. 62 Forman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of =

6 DATE OF BIRTH (month, day, and year) APRIL 1 1853.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	7	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 6 yrs

(b) General nature of industry, business, or establishment in which employed (or employer) United Ry & Elec Co

(c) Name of employer Railway Co.

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER Charles Maloney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Lewis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Nellie Maloney

(Address) 62 Forman St.

15 Filed NOV 16 1928 C. HAMPSON JONES, M. D. Registrar

Per AKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver
Cardio Vascular disease
Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

Nov 16 (Signed) A. T. Ryan M. D.
(Coroner)
, 19 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., 2 mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Nov 17 1928

20 UNDERTAKER ADDRESS

H. O. Skelton 1811 Pa Ave

OF DEATH in plain terms, so that it may be properly classified. Exact Street No. of Occupation is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39259

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~1113 E. Monument St~~ St. 58 Ward)

2-FULL NAME Elizabeth L Keister

(a) RESIDENCE NO. 1113 E. Monument St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Keister

6 DATE OF BIRTH (month, day, and year): Jan 18/1849

7 AGE — Years: 79 Months: 9 Days: 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0

9 BIRTHPLACE (city or town)

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Lewis Jordon

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto., Md.

14 Informant: Husband

(Address)

15 Filed 1928 By Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

(Signed) J. H. Keister, M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial 11/19 1928

20 UNDERTAKER: Wm Cook ADDRESS 502 Eden Ave

OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Campbell 1644 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39260

CERTIFICATE OF DEATH

113 E 39260

1—PLACE OF DEATH

REGISTERED NO. 24-35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1157 Carlton ST. WARD)

2—FULL NAME Betty Pauline Blankenship

(a) RESIDENCE NO. 1157 Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 1928

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER George Blankenship

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Edith Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George Blankenship

(Address) 1157 Carlton St

15 Filed ..., 19.. C. HAMPSON JONES, M. D. Registrar

By ARB

NOV 16 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928 to Nov 15, 1928

that I last saw him alive on Nov 15, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Campbell M. D.

Nov 16, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Nov 19 1928

DATE OF BURIAL

20 UNDERTAKER Wm Cook

ADDRESS 502 E. Hoffman

Spec.—2-29-28—L. F. S.—500 Bks.

E 39261

HEALTH DEPARTMENT—CITY OF BALTIMORE

57

E 39261

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 9-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 623 E. 36th ST., (WARD)

2—FULL NAME CLARA EMMA FIFER

(a) RESIDENCE NO. 623 E. 36th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Henry Fifer

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Blackley

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Harriet Heard

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant Mrs. Mary Auer

(Address) 623 Fairoak Ave.

15 Filed ..... 19 .....

HAMPSON JONES, M. D. Registrar

NOV 16 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928 to Nov 15, 1928

that I last saw h alive on Nov 15, 1928

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

9 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm R. Hutchcomb M. D.

19 (Address) 3574 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cem	11/19 19 28
20 UNDERTAKER	ADDRESS
J. McCosh	22 E. Mt St

Spec.—1-12-23—M&T—500 Bks.

E 39262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (ST.) 2863 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Clancy

(a) RESIDENCE NO. 621 Franklin St NE (ST.) Wash. D.C. (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 70 | Months: Unknown | Days: | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): County Galway Ireland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Unknown

14 Informant: Mt Hope Retreat

(Address): Mt Hope Retreat

15 Filed: 11-16-1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928, to Nov. 16, 1928, that I last saw h— alive on Nov 16, 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (Hypertrophy)

Sudden.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C

DATE OF BURIAL: 11-16, 1928

20 UNDERTAKER: Timothy Hanlon

ADDRESS: Wash, D C

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39263 ✓ 40 E 39263

CERTIFICATE OF DEATH.

REGISTERED NO. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Un. Hospital ST. 12 WARD)

2-FULL NAME Geo. Aristides Du Breuil Jr.

(a) RESIDENCE NO. 2305 2305 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? 30 yrs. 0 mos. 16 ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Oct 31~~ Single

6 DATE OF BIRTH (month, day, and year) Oct 31-1898

7 AGE: Years 30 | Months 0 | Days 16 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer): Ajax Rubber Tire Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Geo. Du Breuil

11 BIRTHPLACE OF FATHER (city or town) (State or country): French Territory in West Indies

12 MAIDEN NAME OF MOTHER: Carrie V. Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs Laura C. Thomas (aunt) 704-W-North Ave

15 [illegible] C. THOMPSON JONES, M. D.

16 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/24, 1928, to 11/16, 1928,

that I last saw him alive on 11/16, 1928,

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Gonorrheal Arthritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. C. Thompson, M. D.

11/16 1928 (Address) Un. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Nov 19 1928

20 UNDERTAKER: Stewart & Co — ADDRESS: Baltimore

ION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 39264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Clifton Av ST. 15-61 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathilde Attilie Wylie

(a) RESIDENCE No. 3500 Clifton Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? 63 yrs. 4 mos. 13 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Edgar Wylie

6 DATE OF BIRTH (month, day, and year): July-2-1865

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or ... min.
63	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. Caspari

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Germany

12 MAIDEN NAME OF MOTHER: Alvine Heinsius

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Germany

14 Informant: Mr Edgar Wylie (husband)

(Address) 3500 Clifton Av

15 11 6 1928

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): nov 15 28 19

17 I HEREBY CERTIFY, That I attended deceased from NOV 5 1928, to NOV 15 1928, that I last saw her alive on NOV 15 1928, and that death occurred, on the date stated above, at 2 a m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Walter E Hubbell M. D.

NOV 15 1928 (Address) 2220 Harrison Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov. 17 1928

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 39265

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins HosPital St., 1-2 Ward)

2-FULL NAME Charles Wollenweber

(a) RESIDENCE NO. 3. S. Linwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Wollenweber

6 DATE OF BIRTH (month, day, and year) July 7/1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	66	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Garage

(c) Name of employer Owned by his brother

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Wollenweber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Wife

(Address) 3. S. Linwood Ave

Filed 16 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- Frac Skull
Accidently fell down stairs at
913 Granby St

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Gallen M. D.
(Coroner)

11/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — Date of Burial Nov. 17 1928

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS Baltimore St. & Broadway

OF DEATH in plain terms, so that it may be properly classified. Part statement of occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39266

CERTIFICATE OF DEATH.

101-001

E 39266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5209 Belleville Ave ST. 28-64 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Wilmer Forkler

(a) RESIDENCE NO. 5209 Belleville Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~: Mildred Travers Forkler

6 DATE OF BIRTH (month, day, and year): July 24/1899

7 AGE: Years 29 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Passenger (Agent)

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer: B & O R R

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas B. Forkler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Raisers Ferry W. Va

12 MAIDEN NAME OF MOTHER: Ida May Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Ida May Forkler

(Address): 1918 Chilton Road

15 Filed Nov. 19, 1928 C. HAMPSON JONES, M. D. Registrar

V 171328 Per CHR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16/28 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 16/28, 19

that I last saw him alive on Nov 16, 1928

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Tillett M. D.

Nov 16, 1928 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Nov. 19 1928

UNDERTAKER: Harry N. Mumaw & Son

ADDRESS: 1211 Reisterstown Rd

TION is very important See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

24-39267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 N 39267

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 4-76 WARD)

2-FULL NAME Walter Pleasants

(a) RESIDENCE No. 233 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1911

7 AGE: Years 17; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0-0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Jack Pleasants

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed 11/7 1928 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov-1, 1928, to Nov-15, 1928, that I last saw h alive on Nov-15, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

Pulmonary Tuberculosis

Pleurisy with effusion

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Tbc bacilli in sputum

(Signed) C. H. Jones M. D.

11/16, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Va — DATE OF BURIAL 11/17 1928

UNDERTAKER Samuel Wesley Inc Belle — ADDRESS 528

CAUSE OF DEATH must be filled in by physician. ATTENTION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 39268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 39268

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1402 W. Saratoga St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie George Wright

(a) RESIDENCE NO. 1402 W. Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 15th 1926

7 AGE: Years 2 Months 1 Days 8 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ellaville

(State or country) Ga.

PARENTS

10 NAME OF FATHER John Wright

11 BIRTHPLACE OF FATHER (City or town) Ga.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Story

13 BIRTHPLACE OF MOTHER (city or town) Ellaville

(State or country) Ga.

14

Informant Mrs. Mary Wright

(Address) 1402 W. Saratoga St.

Filed 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 19 28, to Nov. 13th, 19 28, that I last saw h alive on Nov 10th, 19 28, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. Dill Koontz M. D.

11/16 19 28 (Address) 1500 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION or REMOVAL: Mt. Auburn Cem. Date of Burial 11/17/28

20 UNDERTAKER: Samuel Hemsley ADDRESS 578 Dill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 17 1928

Spec.—1-10-21—M&T—1500 Bks.

2 / 95-39269 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-901 E 39269

CERTIFICATE OF DEATH. X 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Lopez —

(a) RESIDENCE NO. Hudson 45 — ST., ... WARD Hundall - Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (no)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Usa —

PARENTS

10 NAME OF FATHER Anthony Lopez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Florence Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Usa —

14 Informant Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 FILED 1 7 1928 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6 .1928. to Nov. 16 .1928.

that I last saw him alive on Nov. 16 .1928.

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 2 / ds.

CONTRIBUTORY (Secondary) otitis media

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) J. C. Goodwin M. D.

Nov 16 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 17, 1928

20 UNDERTAKER Robt C. Turnbull ADDRESS 1742 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39270

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 5 WARD)

2-FULL NAME Mamie Estella Mason

(a) RESIDENCE NO. 628 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Forrest Mason.

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 38 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East Perry Bryan.

PARENTS

10 NAME OF FATHER: Perry Bryan.

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Ida Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Ida Bryan. (Address) 628 Baker St.

15 Filed: C. HAMPSON JONES, Registrar. Nov 17 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/30 1926, to 11/14 1926, that I last saw h-alive on 11/12 1926, and that death occurred, on the date stated above, at 2.50 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix Uteri

Duration yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) P. M. Strack, M. D.

11/14 1926 (Address) Belt & Gittings

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 11/18 1926

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania Ave

CAUSE OF DEATH must be filled in plainly. See instructions on back of certificates. TION is very important

L 1 AQN

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39271

CERTIFICATE OF DEATH.

49 E 39271

1-PLACE OF DEATH

City of BALTIMORE: (No. 558 Greenwillow St. Ward) 17-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 558 Greenwillow St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Female

4 Color or Race Col

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day and year) 1858

7 AGE Years 70 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mary Bottman

(Address) 558 Greenwillow

15 Filed C. HAMPSON JONES, M. D. Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of both legs

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Lauck M. D.

Nov 13 1928 (Coroner) (Address) North Ave & Denmead

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 11/17 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1103 Greenmount

OF DEATH in plain terms, so that it may be properly classified. Fill Schedule of OCCUPATION very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39272

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Penitentiary REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hobson N. Watkins

(a) RESIDENCE NO. Maryland Penitentiary ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Baylor

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Nat Green

9 BIRTHPLACE (city or town) (State or country) Towson, Md.,

PARENTS

10 NAME OF FATHER William Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co., Md

12 MAIDEN NAME OF MOTHER Mary Essie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chestertown Md.

14 Informant Edward Watkins
(Address) North Bowers, Md.

15 Filed ....., 19.... Registrar

C. HAMPSON JONES, M. D.

171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 19 28, to Nov 16, 19 28, that I last saw him alive on Nov 16, 19 28, and that death occurred, on the date stated above, at 12 20 M.

The CAUSE OF DEATH* was as follows:

Dislocation of 5th Cervical vertebrae
(Hanged by order of court)

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles W. Edmonds, M. D.

, 19 (Address) Md Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Rest cem.	Nov. 18 1928
20 UNDERTAKER	ADDRESS
Thos. R. G. Elliott	1705 Eastlander

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 39273

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 Ramsey ST. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Ziers

(a) RESIDENCE NO. 753 Ramsey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Ziers

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE — Years: 67 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John F. Ziers

(Address): 753 Ramsey st

15 Filed NOV 17 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 19 28, to Nov. 16, 19 28

that I last saw h[illegible] alive on Nov. 15, 19 28

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Papilloma of bladder

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertrophy of Prostate

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Friedman, M. D.

11/17, 19 28 (Address) 682 Mount Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov 18 19 28

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 217 S. Pa

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39274 46 E 39274

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1207 Jefferson ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Johnson

(a) RESIDENCE NO. 1207 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jack Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Johnson

(Address) 1207 Jefferson St.

15 Filed 1 7 1928, 19 Per C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Nov 15, 1928, that I last saw h[illegible] alive on Nov 14, 1928 and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma uteri with metastasis of all Abdominal Viscera (duration) yrs. 8 mos. (to my knowledge) ds.

CONTRIBUTORY (Secondary) Enteritis also uterine Hemmorrhage (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Gentry M. D.

11/15, 19 28 (Address) 1[illegible] E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery DATE OF BURIAL Nov. 18 1928

20 UNDERTAKER Alvin N. Johnson ADDRESS 446 N. Caroline St.

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39275 — 129 — E 39275

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 812 N. Eden St.) (19-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mayo Blake

(a) RESIDENCE NO. 812 N. Eden ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex. Blake

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE — Years: 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Alex. Blake Husb.
(Address) 812 N. Eden St.

15 Filed: 11 7 1928, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1928, to Oct. 28th, 1928.

that I last saw he alive on Oct. 28th, 1928

and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Haemmorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Kirk, M. D.

11/16, 1928 (Address) 3126 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburn Cemetery — DATE OF BURIAL: Nov. 19 1928

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 46 N. Carlton St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39276

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 9 West Lee ST. 22-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter S. Sturtevant

(a) RESIDENCE NO. 9 West Lee ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29/886

7 AGE: Years 42 | Months — | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Orford N.H.

PARENTS

10 NAME OF FATHER Herbert S. Sturtevant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Claremont N.H.

12 MAIDEN NAME OF MOTHER Mercy M Huchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynn, Mass.

14 Informant Mrs Edith Burns

(Address) 9 West Lee st

15 Filed 1928 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/28

17 I HEREBY CERTIFY, That I attended deceased (from Aug-30, 1928, to Nov 16, 1928, that I last saw him alive on Nov, 15, 1928 and that death occurred, on the date stated above, at 12⁴⁵ A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) None —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Francis, M. D.

11/16 1928 (Address) 1111 Lee St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross R.R. Co

DATE OF BURIAL: Nov 19 1928

20 UNDERTAKER: John H. Denny

ADDRESS: 715 Light St

Important: See instructions on reverse side.

Cor.—12-9-25—A Co.—200 Bks.

E 39277

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 39277

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 E. Church St. 27-33 St. ____ Ward)

2-FULL NAME Louise M. Blades.

(a) RESIDENCE NO. 111 E. Church St. St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 50 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, ~~or DIVORCED~~ (or) WIFE of: Charles Blades.

6 DATE OF BIRTH (month, day, and year): September 27, 1869

7 AGE: Years 59 Months 1 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Muth.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Catherine Ernst.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Amalia Korthen. (sister)

(Address) 126 E. Church St.

15 Filed 11 7 1928 C. HAMPSON JONES, M. D. Registrar

Per RRR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Albert Leonard (Coroner) M. D.

11/16 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — Date of Burial: Nov 19 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

OF DEATH in plain terms, so that it may be properly classified. Every statement of cause of death is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39278

CERTIFICATE OF DEATH

57

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1321 W. Fayette ST. 19-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Tilghman Wright

(a) RESIDENCE NO. 1321 W. Fayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. Wright

6 DATE OF BIRTH (month, day, and year): May 26, 1861

7 AGE — Years: 67 — Months: 5 — Days: 26 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Vault Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Continental Trust Co.

9 BIRTHPLACE (city or town) (State or country): Caroline Co., Md.

PARENTS

10 NAME OF FATHER: Curtis Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Caroline Co., Md.

12 MAIDEN NAME OF MOTHER: Lydia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caroline Co., Md.

14 Informant: Mary E. Wright
(Address): 1321 W. Fayette St.

15 Filed: NOV 17 1928, 19 — C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov 17, 1928, that I last saw h alive on Nov 16, 1928, and that death occurred, on the date stated above, at 1.40 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Campbell M. D.

Nov 17, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md-B&O RR — DATE OF BURIAL: Nov 19 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39279

CERTIFICATE OF DEATH.

181-001 E 39279

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 E. Fort Ave. 24-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Buchheit.

(a) RESIDENCE NO. 533 E. Fort Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Carrie M. L. Buchheit.

6 DATE OF BIRTH (month, day, and year): February 2, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	64	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Adam Buchheit.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Strauss.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: George Buchheit. (son)

(Address): 533 E. Fort Ave.

15 [illegible] 19 28 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Accidental death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner)

11/15 19 28 (Address) 1017 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Nov 9 1928

20 UNDERTAKER: John P. Denny ADDRESS: 715 Light

OF DEATH in plain terms, so that it may be properly classified. Fake statements of occupation is very important. See instructions on back of certificate.

1 7 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39280

CERTIFICATE OF DEATH

57

E 39280

1—PLACE OF DEATH

REGISTERED NO. 15-66

CITY OF BALTIMORE: (No. Sinai Hospital ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leopold Haas

(a) RESIDENCE NO. Cloverdale Apts ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fanny Haas

6 DATE OF BIRTH (month, day, and year) July 8 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Liquor

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Aaron Haas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annette Kuid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant A. Haas
(Address) Brooks Lane

15 Filed NOV 17 1928 HAMPSON JONES, M. D. Registrar ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 19 28, to Nov 16, 19 28

that I last saw h[e] alive on Nov 16, 19 28

and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Diabetes - arterio sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted ✓
if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Leahy M. D.

11-16 19 28 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	11/ 19 28
20 UNDERTAKER Baird Sondheim	ADDRESS Pa. and Royal Ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39281

CERTIFICATE OF DEATH

× 129 ✓ E 39281

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital Street) (WARD)

2—FULL NAME Joseph P. Wilson

(a) RESIDENCE NO. Street, Maryland WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Joseph P. Wilson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	about	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph P. Wilson

11 BIRTHPLACE OF FATHER (city or town) Phila
(State or country) Pa

12 MAIDEN NAME OF MOTHER — Smith

13 BIRTHPLACE OF MOTHER (city or town) Phila
(State or country) Pa

14 Informant Joseph P. Wilson
(Address) Street Md.

15 Filed 11 7 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17/28

17 I HEREBY CERTIFY, That I attended deceased from 10/25, 1928, to 11/17, 1928

that I last saw him alive on 11/17, 1928

and that death occurred, on the date stated above, at 1 40 Pm.

The CAUSE OF DEATH* was as follows:

Cardio Vascular renal disease (arteriosclerotic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Aberdeen, Md	Nov. 19 1928

20 UNDERTAKER Wm. J. Tuckerton Sons ADDRESS N. Y. Pa.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39282

CERTIFICATE OF DEATH

E 39282

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverview Ave. ST. Mattfeldt WARD)

2-FULL NAME Wm Collins

(a) RESIDENCE NO. 1115 N Braddish Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Cal

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3rd 1876

7 AGE Years 52 Months 5 Days 12

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Brickyard

(c) Name of employer Newport Brick Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Carter

(Address) 1115 N Braddish Ave

15 Filed ..., 19... C. HAMPSON JONES, M.D.

NOV 17 1928 Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-10, 1928, to 11-13-, 1928

that I last saw him alive on 11-13-, 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Drew, M. D.

, 19 (Address) 427 Mosher Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL November 17, 28

20 UNDERTAKER Joseph Ashby

ADDRESS 409 N Monroe St

CAUSE OF DEATH must be given by a physician. See reverse side for additional information. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39283

HEALTH DEPARTMENT—CITY OF BALTIMORE

1592 E 39283

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 122 E. Littleys ST. 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Backhaus

(a) RESIDENCE No. 122 E. Littleys ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9, 1928

7 AGE Years — Months 6 Days 6 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Herbert Backhaus

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Lucy Ferguson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant (Address) 122 E. Littleys St.

15 Filed 1-7-1928 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Nov 10, 1928, that I last saw h alive on Nov 3, 1928, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11 15 19

20 UNDERTAKER [illegible]

ADDRESS [illegible]

TION is very important. See instructions on back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39284

CERTIFICATE OF DEATH

161-002 E 39284

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 N. Duncan ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Johnson

(a) RESIDENCE NO. 232 N Duncan ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-16-28

7 AGE	Years	Months	Days	If LESS than 1 day 11 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Joseph D. Johnson

11 BIRTHPLACE OF FATHER (city or town) Gordon Ala
(State or country)

12 MAIDEN NAME OF MOTHER Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) Carrollton Pa
(State or country)

14 Informant Joseph D. Johnson
(Address) 232 N. Johnson

15 Filed 1 7 1928, 19 C. HAMPSON JONES, M. D.
Per ACS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-28

17 I HEREBY CERTIFY, That I attended deceased from 11-16, 19 28, to 11-16, 19 28, that I last saw h[illegible] alive on 11-16, 19 28 and that death occurred, on the date stated above, at 7:8 m.

The CAUSE OF DEATH* was as follows:

asphyxia (Birth) Premature

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

11/16 19 28 (Address) 413 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Patrick Cem — DATE OF BURIAL 11/17 1928

20 UNDERTAKER Leo G Cook. — ADDRESS 1723 Patterson Pk Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 39285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39285

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Greenmount Ave (WARD) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie J. Snow

(a) RESIDENCE NO. 725 N. Greenmount Ave

(Usual place of abode)

WARD

Length of residence in city or town where death occurred —yrs. 3 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Indian	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) —— 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Performer

(b) General nature of industry, business, or establishment in which employed (or employer) "Carnival"

(c) Name of employer Cattaraugus Reservation

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Ward D Snow

11 BIRTHPLACE OF FATHER (city or town) Cattaraugus Reser. (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Direct Answer

(Address) 725 N Greenmount Ave

15 Filed NOV 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Nov 16, 1928, that I last saw h alive on Nov 16, 1928, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Dan Franklin, M. D.

11/16, 1928 (Address) 1717 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL: NOV 17 1928

20 UNDERTAKER — ADDRESS

Commissioner Health

NOV 17 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 39286

HEALTH DEPARTMENT—CITY OF BALTIMORE

X143-003 E 39286

CERTIFICATE OF DEATH

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 3104 Barclay ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Lucille Pagan

(a) RESIDENCE NO. 3104 Barclay ST., WARD Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
F	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kelly Pagan

6 DATE OF BIRTH (month, day, and year) Oct 8-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Monroe N.C.
(State or country)

PARENTS

10 NAME OF FATHER Thos W. Graham

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Kelly Pagan
(Address) 3104 Barclay St.

15 Filed ....., 19.... HAMPSON JONES, M. D. Registrar

171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-28

17 I HEREBY CERTIFY, That I attended deceased from 11-16, 1928, to 11-16, 1928

that I last saw her alive on 11-16, 1928

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Toxic Vomiting of Pregnancy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 11-16-28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Monroe Union Co. North Carolina	Nov 17th 1928
20 UNDERTAKER	ADDRESS
Redmond & Poe	1723 Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks. Kenneth Coleman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39287 E 39287

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ... St., 10-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Coleman

(a) RESIDENCE NO. 718 N Gay ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W. Wh

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE: Years 16 Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Walter Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Estella Timmins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Edgar Mates

(Address) 718 E Gay St

15 FILED ... Registrar

HAMPTON JONES, M. D.

NOV 18 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from November 4 . 19 28 . to November 6 . 19 28 .

that I last saw him alive on November 5 . 19 28 .

and that death occurred, on the date stated above, at 12:55 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insufficiency
Pulmonary insufficiency
Cardiac Decompensation

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Hudson Hoyt M. D.

11/6 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keyser, W Va

DATE OF BURIAL 11/17 19 28

20 UNDERTAKER Wm Cook

ADDRESS 737 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39288

90

CERTIFICATE OF DEATH

E 39288

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 93-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nelson Smith

(a) RESIDENCE NO. 930 So Sharp ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	~~Not given~~ Widower

.a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Benjamin

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Nellie

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 13 1928 HAMILTON JONES, M. D. Registrar

By [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-28

17 I HEREBY CERTIFY, That I attended deceased from 5-14-28, to 11-9-28, that I last saw him alive on 11-9-28, and that death occurred, on the date stated above, at 9:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Acute myocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hypertension - arteriosclerosis

(duration) more than yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Slack, M. D.

, 19[redacted] Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Nov. 18 1928
UNDERTAKER John H. Troudman	ADDRESS 1027 Round Hill

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39289

CERTIFICATE OF DEATH.

24-001

E 39289

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 W Hoffman) (Ward 17-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Jenkins

(a) RESIDENCE NO. 612 W Hoffman Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Jenkins

6 DATE OF BIRTH (month, day, and year): 1872 Mar 15

7 AGE — Years: 56 — Months: 8 — Days: 0 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Alleg Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Henry B. Tallaway

11 BIRTHPLACE OF FATHER (city or town): Alleg Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Tasaway

13 BIRTHPLACE OF MOTHER (city or town): Alleg Co

(State or country): Md

14 Informant: Jas Jenkins

(Address): 612 W Hoffman

15 Filed NOV 13 1928

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) yrs. mos. ds. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signature) Nov 15th (Coroner) H. C. Luck M. D.

(Address) 5th & Bn & Penn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 11/18 1928

20 UNDERTAKER: Emmert D. Hemsley ADDRESS 318 N Eut St

OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39290 | 117 E 39290

1-PLACE OF DEATH St Joseph Hosp. | REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-59 ST. WARD)

2-FULL NAME John A. Abel

(a) RESIDENCE (Usual place of abode) No. 2402 E. Madison ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 54 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Alberta L. Abel

6 DATE OF BIRTH (month, day, and year) Dec 28/81

7 AGE: 37 | Years: 46 | Months: 10 | Days: 18 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Button Hole Op

(b) General nature of industry, business, or establishment in which employed (or employer): Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER Chas. Abel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Alberta L. Abel

(Address) 2402 E Madison St.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

NOV 18 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 16, 1928, that I last saw h alive on Nov 16, 1928, and that death occurred, on the date stated above, at 2 10 m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction + Toxemia (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 11/11/28 11/16/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab

(Signed) L. L. Barnard, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn | DATE OF BURIAL 11/19/28

20 UNDERTAKER Philip Hennig | ADDRESS 2016 Orleans St

CAUSE OF DEATH must be given. See instructions on back of certificates.
TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39291

CERTIFICATE OF DEATH

9° E 39291

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 416 N. Glover ST., 6-10 WARD)

2—FULL NAME Lillian E. Miller

(a) RESIDENCE NO. 416 N. Glover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14/90

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo. A. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine Glade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Geo. A. Miller
(Address) 416 N. Glover St.

15 Filed NOV 13 1928 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Nov. 16, 1928.

that I last saw her alive on Nov. 16, 1928 19

and that death occurred, on the date stated above, at 11 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease
(Poly valvular when seen by me)

about 11 weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

1 week (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual signs & symptoms

(Signed) Edgar E. Evans M. D.

Nov. 17, 1928 (Address) 1314 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11/14 19 28

20 UNDERTAKER P. Welsh Herwig

ADDRESS 2016 Orleans St.

IMPORTANT—Read carefully. Answer all questions. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 L

E 39292

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Clifton Ave. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Codd

(a) RESIDENCE NO. 3510 Clifton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? 77 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amelia Dittmar

6 DATE OF BIRTH (month, day, and year) April 20, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Liverpool England

PARENTS

10 NAME OF FATHER Simon Codd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Kehoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William Codd

(Address) 3510 Clifton Avenue

15 NOV 18 1928 [illegible] (JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17/28

17

I HEREBY CERTIFY, That I attended deceased from 10/11/28, 19..., to 11/17, 19 28.

that I last saw him alive on 11/17, 19 28

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cancer adenocarcinoma with chronic myocardial & renal insufficiency & Uremia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) John F Dawson, M. D.

11/18, 19 28 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/20 19 28

20 UNDERTAKER Henry U. Mears

ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 39293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. E 39293

CITY OF BALTIMORE: (No.) ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Brossard

(a) RESIDENCE NO. 234 Clemmers ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Brossard

6 DATE OF BIRTH (month, day, and year) Oct 6 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Mattice Brossard

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Luna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Records

(Address)

15 Filed NOV 18 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16-28

17 I HEREBY CERTIFY, That I attended deceased from 10-26, 19 28, to 11-16, 19 28, that I last saw him alive on 11-16, 19 28, and that death occurred, on the date stated above, at 1:25 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver (?)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Typical clinical features.

(Signed) J. M. Finch, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 11/19 1928

20 UNDERTAKER Wm. Cook

ADDRESS 502 E. Lombard

Spec.—2-29-28—L. F. S.—500 Bks.

Stevens, Hopkins + Sellers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39294

CERTIFICATE OF DEATH

101-00

E 39294

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 507 N. Monford Ave ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George B. Gladden

(a) RESIDENCE NO. 507 N. Monford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 16 1904

7 AGE: Years 24 | Months 4 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles W. B. Gladden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriette E. A. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: C. E. Gladden

(Address) 507 N. Monford Ave

15 Filed NOV 18 1928, 19 H. MASON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 19 28, to Nov 16, 19 28, that I last saw h alive on Nov 16 19 28 and that death occurred, on the date stated above, at 12 00 P.M. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos J. Stevens, M. D.

11/17 19 28 (Address) 2918 Wilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 11/19 19 28

20 UNDERTAKER: Wm Cook

ADDRESS: 500 E Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39295 101 ✓ E 39295

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland Ave. St.) 6-10 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Herr -

(a) RESIDENCE NO. 16 N. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Frederic Herr

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Saul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Florane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Elly Saul

(Address) 16 N. Collington Ave

15 Filed NOV 18 1928 O. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928 to Nov. 15 1928, that I last saw her alive on Nov. 15 1928, and that death occurred, on the date stated above, at 6:05 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederic Herr M. D.

Nov 18 1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 11/18 1928

20 UNDERTAKER Jack Levin — ADDRESS 1439 E Balto St

CAUSE OF DEATH must be given plainly. See reverse side for additional information. IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39296

CERTIFICATE OF DEATH

E 39296

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1810 N. Pulaski St. ST. 5-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Goldie Kusenko

(a) RESIDENCE NO. 1810 N. Pulaski St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chester Kusenko

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 61 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Kusenko

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ankerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Harry Kusenko

(Address): 1810 N. Pulaski St

15 Filed: NOV 18 1928 Issued: C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17/28

17 I HEREBY CERTIFY, That I attended deceased from Nov, 12, 1928, to Nov, 17, 1928, that I last saw h alive on Nov, 17, 1928, and that death occurred, on the date stated above, at 8:35 a.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma & asthenia

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Abaha Schapiro, M. D.

(Address) 2028 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mortimer Asch Cem

DATE OF BURIAL: 11/19 19 28

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

E 39297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109-002

E 39297

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St. 13-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shirley Schloffer

(a) RESIDENCE NO. 2206 Bryant Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Israel Schloffer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Resnick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Father

(Address) 2206 Bryant Ave.

Date NOV 18 1928 C. HAMILTON JONES, M. D.

Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis; septicemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tonsillectomy Nov 7/28

(duration) yrs. mos. ds.

(Signed) J. S. Wolf M. D.

(Coroner)

11/18/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cem Date of Burial 11/18 1928

20 UNDERTAKER Jack Lewis ADDRESS 1436 Bullock

OF DEATH in plain terms, so that it may be properly classified. Every item is very important. See instructions on back of certificate.

NOV 18 1928

Spec.—2-29-28—L. F. S.—500 Bks.

910 W. Fayette

S. Fenn

E 39298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39298

31

1928
57
1871

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 S. Gilmor (Ward) 14-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. F. Schumacher

(a) RESIDENCE NO. 329 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Schumacher

6 DATE OF BIRTH (month, day, and year) Sept 7th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco Stripper

(b) General nature of industry, business, or establishment in which employed (or employer) Self 6-26

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER F. Henry Schumacher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Baumberger

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Germany

14 Informant Albert F. Schumacher

(Address) 142 N. Gallo St

NOV 18 1928 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 28

17 I HEREBY CERTIFY, That I attended deceased from 11/14, 1928, to 11/16/28, 19

that I last saw h— alive on 11/16/28

and that death occurred, on the date stated above, at 8 3/4 a m.

The CAUSE OF DEATH* was as follows:

Pul. Phthisis (Chronic)

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? P. C. — History

(Signed) Bernard A Fenn, M. D.

11/16/19 28 (Address) 910 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 19th 1928

20 UNDERTAKER J. B. Wagner ADDRESS 855 N. Gallo St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39299

CERTIFICATE OF DEATH

100-001 V

E 39299

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Gay ST.) (8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Neutaker

(a) RESIDENCE NO. 1530 N. Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., If foreign birth? 34 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Margaret Neutaker

6 DATE OF BIRTH (month, day, and year) Oct. 15 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cafe

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Neutaner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Margaret Neutaner

(Address) 1530 N. Gay St

15 Filed 1 8 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Nov 16, 1928, that I last saw him alive on Nov 15, 1928, and that death occurred, on the date stated above, at 6 35 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Endocarditis (duration) yrs. mos. 2 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Eades, M. D.

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov. 20 1928

20 UNDERTAKER Henry Hoech Son — ADDRESS 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39300

CERTIFICATE OF DEATH

101-001 L

E 39300

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Castle ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JOHN WEBER

(a) RESIDENCE NO. 817 N. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

-a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) September 12, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Poultry Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mr. William Weber (Brother)

(Address) 817 N. Castle Street

15 Filed NOV 15 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30 . 19 28 . to Nov. 17 . 19 28 .

that I last saw h[illegible] alive on Nov. 16 . 19 28

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Joska M. D.

. 19 (Address) 846 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Nov. 20 19 28

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—2-29-28—L. F. S.—500 Blks.

E 39301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001
101 E 39301

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Colorada Ave. St.) 27-53 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME PETER J. CARSON

(a) RESIDENCE NO. 728 Colorada Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Carson

6 DATE OF BIRTH (month, day, and year) July 18, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4 3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner 014

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired 20 years

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Margaret Carson (Wife)

(Address) 728 Colorada Ave.

15 Filed NOV 18 1928 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-28, 1928, to 11-16, 1928, that I last saw him alive on 11-16, 1928 and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (uterus) (cervix)

CONTRIBUTORY (Secondary) Cystitis accompanying (duration) yrs. mos. ds.

hypertrophy spiral (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Henry Russell M. D.

11-17 1928 (Address) 3702 Frankland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Nov. 19 1928

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST. & BROADWAY

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39302

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1427 McCulloh (St.) 14-20 (WARD)

2-FULL NAME James H. Johnson

(a) RESIDENCE No. 1427 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Mary E.

6 DATE OF BIRTH (month, day, and year): Oct. 1-1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Josiah Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D. C.

14 Informant: Mary E. Johnson

(Address) 1427 McCulloh St

15 Filed NOV 16 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to Nov. 16 1928, that I last saw living on Nov. 15, 1928, and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 2 ds. Asthma + Hypertension (duration) yrs. 31 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Posture

(Signed) Dr. Gunkenwald M. D.

11-16 1928 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 11/19/1928

20 UNDERTAKER: Wm. Geo. H. Holland

ADDRESS: 1801 Druid Hill Ave

TION is very important See instructions on back of certificate.

Spec.—12 9 25—A Co.—200 Bks.

E 39303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 39303
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1527 Riggs ave. St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Hall

(a) RESIDENCE NO. 1527 Riggs ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Divaced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Hall

6 DATE OF BIRTH (month, day, and year): Sept. 11, 1888

7 AGE: Years 40 | Months 2 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Harrison Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rachael Gray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14

Informant: Sons

(Address)

Filed NOV 18 1926 HAMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/14/28 19

17

I HEREBY CERTIFY, That I attended deceased from 11/6/27 19 to 11/14/28 19

that I last saw her alive on 11/14/28 19

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): obesity

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Maryland

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Ernest C. Milton, M. D.

, 19 (Address) 2029 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 11/16/28

20 UNDERTAKER: Wm. Geo. Holland — ADDRESS 1631 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 39304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 39304

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 1120 N. Eutaw St. 11-24 Ward.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Millirion

(a) RESIDENCE. No. 1120 N. Eutaw St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie G. Millirion

6 DATE OF BIRTH (month, day, and year): Dec 6. 1858

7 AGE: Years 69; Months 11; Days 18; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Letterer

(b) General nature of industry, business, or establishment in which employed (or employer): Automobiles

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Zacharias Millirion

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lucinda Goonell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Annie G Millirion
(Address) 1120 N Eutaw St

15 Filed NOV 16 1928, 19 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Nov. 16, 1928, that I last saw h[illegible] alive on Nov. 16, 1928, and that death occurred, on the date stated above, at 9:15 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Signs Clinical Hx

(Signed) Carter T. Baggott M. D.

, 19 (Address) 822 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 19 1928

20 UNDERTAKER: John Ulrich

ADDRESS: 200 N Calvert

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

NOV 16 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39305 46 E 39305

E 39305

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hosp ST. 4-20 (WARD)

2—FULL NAME Martha Lee

(a) RESIDENCE NO. 2030 Madison Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma Manns

(Address) 2030 Madison Ave

15 C. HAMPSON JONES, M. D.
Registrar

NOV 18 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 | 15 | 28

17 I HEREBY CERTIFY, That I attended deceased from 11/8/28, 19 28, to 11/15, 19 28

that I last saw h[illegible] alive on 11/15/28, 19

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cystic Adenocarcinoma of Pancreas with Metastasis (?)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris, M. D.

, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Nov 18, 1928

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1725 Maryland Ave

Spec.—1-10-21—M&T—1500 Blks.

✓ E 393306

2196-6 / 39306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gaskins

(a) RESIDENCE NO. 893 N. Monroe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Arthur Gaskins

6 DATE OF BIRTH (month, day, and year): [illegible] 1880

7 AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va —

PARENTS

10 NAME OF FATHER: Richard Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va —

12 MAIDEN NAME OF MOTHER: Alice Ryles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va —

14 Informant: Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 18 1928

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 16, 1928, that I last saw her alive on Nov. 16, 1928, and that death occurred, on the date stated above, at 1:35 P M.

The CAUSE OF DEATH* was as follows:

Peritonitis following operation removal of left tubo-ovarian abscess

(duration) yrs. mos 10 ds

CONTRIBUTORY (Secondary): Tubo Ovarian abscess

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of Nov. 6, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. S. Everett, M. D.

11/16, 1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Nov. 19, 1928

UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1725 Eastern Ave

CAUSE OF DEATH to be plainly written, so that it can be copied. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital ST. 9-47 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franz C. Schmidt

(a) RESIDENCE NO. 519 Rosehill Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9, 1868.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	60	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Forman

(b) General nature of industry, business, or establishment in which employed (or employer) Stieff Piano Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John C. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria Gies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Wm. G. Stockhausen 519 Rosehill Terrace

15 Filed NOV 18 1928 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1928 to Nov. 15, 1928 that I last saw him alive on Nov. 15 1928 and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac thrombosis

(duration) yrs. mos. 5 mins.

CONTRIBUTORY (Secondary) Senile myocarditis, bronchial asthma (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Hawkins, M. D.

Nov, 17, 1928 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/19/28

UNDERTAKER Henry J. Pitzer

ADDRESS 53 N. Howard St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 39308 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. (St.) (Ward) 33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Stein

(a) RESIDENCE NO. Millard, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Allen Stein

6 DATE OF BIRTH (month, day, and year): Unk. ? ?

7 AGE: Years 32; Months ?; Days ?; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Hospital Records.

15 NOV 18 1926 HAMPSON JONES, M. D.

HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11.11 1926

17

I HEREBY CERTIFY, That I attended deceased from 11.11 .1926. to 11.11 .1926.

that I last saw her alive on 11.11 .1926.

and that death occurred, on the date stated above, at 2:25 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Ut. uterine cancer.

(duration) 1 hr. 24 min.

CONTRIBUTORY (Secondary): Hypertic Toxemia. Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 11.11.25

Was there an autopsy? Partial

What test confirmed diagnosis? Autopsy pending.

(Signed) H. Hampson Jones M. D.

11/17, 1926 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millard Md

DATE OF BURIAL: 11/ 1926

20 UNDERTAKER: Loyd Funeral Home

ADDRESS

CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 39309

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1307 W. Fayette ST. 18-N WARD)

2—FULL NAME John Wesley Graham

(a) RESIDENCE NO. 1307 W. Fayette ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Graham

6 DATE OF BIRTH (month, day, and year) Jan. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Graham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane (Unknown)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Margaret Daniels

(Address) Sudbrook Park, Pikesville Md.

15 Filed NOV 18 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw him alive on ..... 19.....

and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

(Coronary Occlusion)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

....., 19 (Address) North Ave. & Appleton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Nov. 19 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

Important: See instructions on back.

Spec.—1-10-21—M&T—1500 Bks.

E 39310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 39310

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Bears Road St.) 20-69 (WARD)

2-FULL NAME Carl Sauter

(a) RESIDENCE NO. 1 N Wheeler Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sauter

6 DATE OF BIRTH (month, day, and year) Apr 17, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano tuner

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Sauter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carl A. Sauter

(Address) 3341 Bears Rd.

15 Filed: ... 19 NOV 18 1928

C. HAMPSON JONES, M. C. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Nov. 17, 1928, that I last saw him alive on Nov. 16 1928 and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Cerebroma Lesion

(duration) yrs. 6 mos 3 mo Illness ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of?

Was there an autopsy? No

What test confirmed diagnosis? None X Ray

(Signed) Thos. F. Sellers, M. D.

11/17 1928 (Address) 2878 Hilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Nov. 20, 1928

20 UNDERTAKER Forbes W. Dill. — ADDRESS 3109 Frederick Ave.

CAUSE OF DEATH to plain terms, so that it may be understood. TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75-002

1—PLACE OF DEATH

REGISTERED NO. E 39311

CITY OF BALTIMORE: (No. 3221 Vickers Road. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha J. Quarles.

(a) RESIDENCE NO. 3221 Vickers Road. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Quarles.

6 DATE OF BIRTH (month, day, and year) July, 6, 1845.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83.	5,	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER John Evans.

11 BIRTHPLACE OF FATHER (city or town) ---
(State or country) ---

12 MAIDEN NAME OF MOTHER ---

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) ---

14 Informant Mrs. Albert Wilbur, Daughter

(Address) 3221 Vickers Road

15 Filed NOV 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1928, to Nov 11 1928, that I last saw h[illegible] alive on Nov 10 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, with general Arteriosclerosis.

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Respiratory Pneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11/12, 1928 (Address) 2202 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery.	Nov. 19 1928.

20 UNDERTAKER E. Howard Evans ADDRESS 38 E. Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39312

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH 20 Paloma Ave. REGISTERED NO. E 39312

CITY OF BALTIMORE: (No. 20-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Glenn Franklin Kefauver,

(a) RESIDENCE NO. 20 Paloma Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1925.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ———

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: ———

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Stanley Kefauver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middletown, Md.

12 MAIDEN NAME OF MOTHER Nichols.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick, Md.

14 Informant Mrs. L. D. Kefauver

(Address) 20 Paloma Ave Balto.

NOV 16 1928

C. HAMPSON JONES, M. D. Registrar

Per ———

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Nov. 17, 1928, that I last saw him alive on Nov. 17, 1928, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 20. Paloma. Ave.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical Findings

(Signed) Edgar Kleidel M. D.

11/17 1928 (Address) 1224 Fanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Reformed Cemetery

DATE OF BURIAL: 11/19 1928

20 UNDERTAKER: C. T. R. Gladhill Co

ADDRESS: Middletown

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39313

CERTIFICATE OF DEATH.

89 E 39313

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 636 Washington Blvd. St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sebastian P. Birkett

(a) RESIDENCE NO. 636 Washington Blvd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Birkett

6 DATE OF BIRTH (month, day, and year) May 21, 1870.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work News Agent

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. Rlway.

9 BIRTHPLACE (city or town)

(State or country) Bolivar, W. Va.

PARENTS

10 NAME OF FATHER John P. Birkett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Frances Crane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa.

14 Informant John W. Birkett

(Address Charlestown, W. Va.

15 Filed C. HAMPSON JONES, M. D.

Registrar

OV 18 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feltz (Coroner) M. D.

11/18 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Lodge Hill W Y? Date of Burial 11-18 19 28

20 UNDERTAKER Harry N. Armacost for E a ADDRESS 4204 Ridgewood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39314

CERTIFICATE OF DEATH.

+ 38

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ... ST. ... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Baldwin

(a) RESIDENCE NO. Ellicott City ST. ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 29, 1885

7 AGE — Years: 43 — Months: 5 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Ralph Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Cecil Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Thos Baldwin

(Address) Ellicott City

NOV 18 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-17 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Nov 17, 1928, that I last saw h[illegible] alive on Nov. 17, 1928, and that death occurred, on the date stated above, at 7:20 P.m.

The CAUSE OF DEATH* was as follows:

Edema of Larynx.

Cystic

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11-15-28

Was there an autopsy? yes Tracheotomy

What test confirmed diagnosis? Kolmer

(Signed) Lewis B. Gundry, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: I. O. O. F. Cem. Howard Co. — DATE OF BURIAL: Nov. 20, 1928

UNDERTAKER: Easton Sons — ADDRESS: Ellicott City

Is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 E 39315

1-PLACE OF DEATH 807 Belgian Ave.

City of BALTIMORE: (No. 1 St. 22-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lena Emma Vandeslott

(a) Residence No. 807 Belgian Ave.
(Usual place of abode) St., Ward.

Length of residence in city or town where death occurred 82 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W.

5-~~Single~~, Married, Widowed, ~~or Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Ferdinand E Vandeslott

6-DATE OF BIRTH (month, day and year) February 1, 1846

7-AGE, 82 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry J. Russell.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maine

12-MAIDEN NAME OF MOTHER, Margaret Upperman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Edwin E. Vandeslott
(Address) 807 Belgian Ave

15- NOV 19 1928 C. HAMPSON JONES, M. D. Registrar.
Per [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 18, 1928

17- I HEREBY CERTIFY, That I attended deceased from October 1, 1928 to Nov 18, 1928 that I last saw h... alive on Nov 17, 1928 and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:
Cardiac Arterio Sclerosis
Broncho Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John G. Hannan M. D.

(Address) 4704 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Swedesboro N J.	Nov 19 1928
20-UNDERTAKER.	ADDRESS
Harry W. Ellen	W Fredan

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39316

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-901 E 39316

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 4-30 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Harvey Stansfield

(a) RESIDENCE NO. Granite Balto. Co. ST. WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Stansfield

6 DATE OF BIRTH (month, day, and year) Jan 2 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80 yrs.	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Jas. Stansfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Engl.

12 MAIDEN NAME OF MOTHER Sarah Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John Dell. (Address) Granite. Md.

15 Filed V 19 1928. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1928, to Nov. 18th, 1928, that I last saw him alive on Nov. 18th, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Incarcerated hernia
Intestinal obstruction

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Senility. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 18th

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. G. Warner, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ward's Chapel	Nov 21 1928
20 UNDERTAKER	ADDRESS
Weer & Son Inc.	Sykesville Md

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39317

CERTIFICATE OF DEATH.

101-001 E 39317

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. Johns Hopkins Hospital St., 34 Ward)

2-FULL NAME Agnes Golden

(a) RESIDENCE NO. 344 S. Bethel St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. Golden

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) H

(State or country) H

12 MAIDEN NAME OF MOTHER H

13 BIRTHPLACE OF MOTHER (city or town) H

(State or country) H

14 Informant Geo. Ruth

(Address) 1735 Harford Ave

Filed NOV 19 1928 HARRISON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 15/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably (Lobar) Pneumonia

(duration) ..... yrs. ..... mos. 4? ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

11/17/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodberry Cemetery Date of Burial 11/19/28

20 UNDERTAKER Geo. J. Ruth ADDRESS 1735 Harford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39318

CERTIFICATE OF DEATH.

90 E 39318

1-PLACE OF DEATH

City of BALTIMORE: (No. Garage of Rectory Gorsuch Ave & Independent St 9-46 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll J. McDermott

(a) RESIDENCE NO. 612 E. 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary T. McDermott

6 DATE OF BIRTH (month, day, and year): July 11/1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Automechanic

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Patrick McDermott

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Crawford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore, Md.

14 Informant: Wife

(Address): 612 E. 30th St

Filed NOV 19 1928 SAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Insufficiency
(Myocardial)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Jos H Collen M. D.
(Coroner)

11/17/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 11/19/28 19

20 UNDERTAKER: Geo J Ruth ADDRESS: 3[illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39319 — CERTIFICATE OF DEATH — 113 — E 39319

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. ____ ST., 13 WARD) 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Snyder

(a) RESIDENCE NO. 1345 W. 41st ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Edgar Snyder

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Arnold

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Hospital Records
(Address)

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

NOV 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 15, 1928, that I last saw him alive on Nov. 15, 1928 and that death occurred, on the date stated above, at 9.05 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis with Acidosis

Hospital Stay (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Wallace H. Swartzbaugh, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden — DATE OF BURIAL Nov 19 25

20 UNDERTAKER Brenowitz Son — ADDRESS 1600 Eutaw

Spec.—1-1923—M&T—500 Bks.

E 39320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39320

CERTIFICATE OF DEATH

100-001

1-PLACE OF DEATH Balto City Hospls.

CITY OF BALTIMORE: (No. Balto Md ST. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee Hom

(a) RESIDENCE NO. 211 W. Mulberry St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Aye Lee Hom.

6 DATE OF BIRTH (month, day, and year) About 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospls (Address) Balto Md

15 Filed NOV 19 1928. 19 C. HAMPSON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 17 1928

17

I HEREBY CERTIFY, That I attended deceased from 10 25, 1928, to 11 17, 1928, that I last saw h[illegible] alive on 11 17, 1928 and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Emphysema of Pulmonal Cells

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M.D.

11/17, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Nov 29 1928

20 UNDERTAKER Stewart & Co ADDRESS Balto Md

CAUSE OF DEATH in plain terms, so that any one may understand. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39321

CERTIFICATE OF DEATH.

129 E 39321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST. 25th WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McNulty

(a) RESIDENCE NO. Mount Hope Retreat ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) June 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	05	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Work

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Port Deposit, Md

PARENTS

10 NAME OF FATHER Patrick McNulty

11 BIRTHPLACE OF FATHER (city or town) Dublin (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McNulty

13 BIRTHPLACE OF MOTHER (city or town) Co Longford (State or country) Ireland

14 Informant Records of McNulty (Address) Mt Hope Retreat

Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1883, to Nov 18th, 1928, that I last saw h[illegible] alive on Nov 17th, 1928 and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Insufficiency

Suddenly (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 4 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Port Deposit Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

Nov 18th 1928 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Cemetery

DATE OF BURIAL Nov 19 1928

20 UNDERTAKER Eleuat Woodside

ADDRESS Ballard

CAUSE OF DEATH must be filled in. See instructions on back of certificates. ATION is very important

Spec.—1-12-23—M&T—500 Bks.

E 39322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 39322

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Tudor Stall Apts - (St.) 12-49 (Ward)

2-FULL NAME John Carroll Brown

(a) RESIDENCE NO. Tudor Stall Apts - ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? 42 yrs. 9 mos. 9 ds.

(If non-resident: give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Cromwell Brown

6 DATE OF BIRTH (month, day, and year): Feb - 8 - 1886

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
42	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jos. M. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Sallie Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant (Address): Mrs Sallie Carroll Brown (mother) Tudor Stall Apts -

NOV 19 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17 1928

17

I HEREBY CERTIFY, That I attended deceased from (. 1928 . to 11/16 . 1928.

that I last saw alive on 11/16 . 1928

and that death occurred, on the date stated above, at 10 00 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 1402 Bank ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's - Govans. DATE OF BURIAL: Nov 20 1928

20 UNDERTAKER: Stewart Moore Co ADDRESS: Balto Md

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39323

CERTIFICATE OF DEATH.

60-02 E 39323

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 325 Hawthorne Rd (ST.) 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Emory Bailey

(a) RESIDENCE NO. 1529 Park Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 74 yrs ? mos. ? ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. C. Bailey

6 DATE OF BIRTH (month, day, and year): January - 1854

7 AGE — Years: 74 Months: ?10 Days: ? If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Centreville Maryland

PARENTS

10 NAME OF FATHER: Jas. Massey Deegan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centreville Maryland

12 MAIDEN NAME OF MOTHER: Frances A. Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Centreville Maryland

14 Informant: Mrs. J. K. B. Deegar (Daughter-in-law)

(Address) 325 Hawthorne Road

15 Filed NOV 19 1928 . 19 C. HAMPSON JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 17, 1928,

that I last saw her alive on Nov 17, 1928,

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Adenoma of Thyroid

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular fibrillation of Myocardial insufficiency

(duration) yrs. 1 mos. 27 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical examination

(Signed) Alan C. Smith, M. D.

Nov 18 1928. (Address) 92 Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 20 1928

UNDERTAKER: Stewart & Jones Co. — ADDRESS: Balto Md.

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39324 — CERTIFICATE OF DEATH — 90 — E 39324

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 15-60 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Camilla S. Frederick

(a) RESIDENCE NO. 2204 Roslyn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 8 ds. How long in U. S., if foreign birth? 68 yrs. 3 mos. 8 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug. 9 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Henrietta Norwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Miss Frederick

(Address) Union Memorial Hosp.

15 Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1928, to Nov 17, 1928, that I last saw h[er] alive on Nov 17 1928 and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. Geroghty, M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 19 1928.
20 UNDERTAKER	ADDRESS
Stewart & Co	Balto.

Spec.—I-10-21—M&T—1500 Bks.

Spahr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 21 ✓

E 39325

E 39325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 9-17 WARD)

2-FULL NAME Bley Spar

(a) RESIDENCE NO. Hampstead Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 5 - 1928

7 AGE: Years | Months | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Earle H Spahr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Hazel Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hosp Records
(Address)

15 Filed NOV 13 1928, 19 Per [illegible]
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-9-28, 19 , to 11-14-28, 19 ,

that I last saw h alive on 11-14-28, 19 ,

and that death occurred, on the date stated above, at 3406 m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. C. Zimmerman M. D.

19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wesley Chapel, Carroll Co.

DATE OF BURIAL: Nov 19 1928

20 UNDERTAKER: Edw Tipton

ADDRESS: Hampstead Md

CAUSE OF DEATH: This portion, to be filled by physician, should be prepared with TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39326
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74 001 E 39326
REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 21 29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F. Watkins

(a) RESIDENCE NO. 815 Burgundy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Watkins

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Watkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Heye

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Anna Watkins (Wife)

(Address) 815 Burgundy St.

15 Filed ..... 19 G. HAMILTON JONES, M. D.

Registrar

V 19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar Tellon (Coroner) M. D.

11/18, 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Nov 20 1928

20 UNDERTAKER Fred A. Wanserson ADDRESS 703 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39327

CERTIFICATE OF DEATH.

185

E 39327

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hospital St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P. Collins

(a) RESIDENCE NO. 410 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 13 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) March 4, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John J. Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McDonald

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Mary L. Collins

(Address) 410 E. Lanvale Street

15 Filed NOV 19 1928 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delerium Tremens-Alcoholism (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Accidently fell and injured head ....yrs. ....mos. ....ds.

(Signed) [signature] (Coroner) M. D.

11/18/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 11/20 19 28

20 UNDERTAKER Henry A. Mears ADDRESS 305 W. Chase

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39328 — CERTIFICATE OF DEATH — 91-092 E 39328

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1700 Bolton St. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodosia Waters

(a) RESIDENCE NO. 1700 Bolton St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James B Waters, Jr.

6 DATE OF BIRTH (month, day, and year) June 12, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Benjamin Thomas

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Rebecca Barriere

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Charles F. P. Waters
(Address) 1700 Bolton St.

15 Filed ... 19 ... HAMPSON JONES, M. D. Registrar

NOV 19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Nov 16, 1928, that I last saw her alive on Nov 15, 1928 and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Senile Decay

Several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

Arteriosclerosis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and Post

(Signed) Geo. F. Wiesmann, M. D.

, 19 (Address) 611 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery — DATE OF BURIAL Mon Nov 19 1928

20 UNDERTAKER John O. Mitchell & Sons — ADDRESS 1900 Eastern Ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

39329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

001

25 B 39329

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Ensor Street ST. 10-14 WARD)

2-FULL NAME Victoria Somervill

(a) RESIDENCE NO. 1122 Ensor Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Somervill

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Jos. Livsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Victoria Flemming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Engalnd

14

Informant W. H. Livsey

(Address) 1826 S. Charles St.

15

Filed NOV 19 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12 —, 1928, to Nov. 16 —, 1928.

that I last saw h alive on Nov. 16 —, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia of right side. Hemorrhagic

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

11/18/1928 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park — DATE OF BURIAL: Nov. 19, 28.

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Fremont Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39330

CERTIFICATE OF DEATH.

90 ✓ E 39330

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Hospital, Street and No. or Ward) Hopkins Memorial Hospital

2-FULL NAME Thos. A. McCarty

(a) RESIDENCE No. 313 N. Front St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Selleni Rogers

6 DATE OF BIRTH (month, day, and year): 11-17-84

7 AGE: Years 44 Months 0 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: U. S. A.

9 BIRTHPLACE (city or town)

(State or country): Ga.

PARENTS

10 NAME OF FATHER: Chas McCarty

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ga

12 MAIDEN NAME OF MOTHER: Alice Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ga

14 Informant: Stewart McCarty

(Address): 313 N. 21st

15 Filed: C. HAMPSON JONES, M. D. Registrar

By

OV 15 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/16 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. Morrissey M. D. Coroner

10/18, 192 8 (Address) 9632 Rolandale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

Date of Burial: 11/19 1928

20 UNDERTAKER: J. F. McCaulley.

ADDRESS 128 E Fort Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+0 ✓ E 39331

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. 10-14

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hunter Brown

(a) RESIDENCE NO. 920 Hartford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE: Years: 30 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

11 Informant: BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed NOV 15 1928 G. HAMPTON JONES, M. D. Registrar By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/17/28

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1928, to 11/17, 1928, that I last saw him alive on 11/17, 1928, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

Duration 2 days

CONTRIBUTORY (Secondary) ..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of 11/16/28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

1928 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery Cem.

DATE OF BURIAL: 11-19-28

B UNDERTAKER: Byron Wright

ADDRESS: 1218 N Eden St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39332

CERTIFICATE OF DEATH.

34 E 39332

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Genl Hosp ST. 26-37 WARD)

2-FULL NAME George Ermer

(a) RESIDENCE No. 221 S. Eaton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13, 1912

7 AGE	Years	Months	Days 4	If LESS than 1 day, hrs. or min.
	16	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Continental Can Co

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Ermer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mamie Spau

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant John Ermer

(Address) 221 S. Eaton St.

Filed NOV 19 1928, 19 HAMPSON JONES, M. D. Registrar

Per Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17 1928

17 I HEREBY CERTIFY, That I attended deceased from October 9, 1928, to November 17, 1928, that I last saw him alive on November 17, 1928 and that death occurred, on the date stated above, at 6.30 A m

The CAUSE OF DEATH* was as follows:

Pott's Disease

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hart Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov 16, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X Ray operation

(Signed) Paul Schamber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL Nov 20 1928

20 UNDERTAKER George N Zirkle — ADDRESS 1737 E Eager

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39333

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 VE 39333

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp ST. 1627 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Montgomery

(a) RESIDENCE NO. 937 N Fulton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Susan Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Joshua Fuller

(Address) 2459 Brentwood Ave

15 Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/16, 1928, to 11/18, 1928, that I last saw h[illegible] alive on 11/18, 1928, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of liver

Acute Catarrh Cholecystitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Arterial Arthritis

Tobacco (duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B Harris, M. D.

11/18, 1928 (Address) President Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ebenezer Meadow Ave Orchard Co Md	Nov 20, 1928

20 UNDERTAKER Samuel D Kennedy ADDRESS 1 Biddle 578

Important. See instructions on reverse side before writing.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39334

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

E 39334

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 1623

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Henry Blackstone

(a) RESIDENCE NO. 1115 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Blackstone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: BALTIMORE CITY HOSP[redacted]

15 [redacted] HAMILTON JONES, M. D. Registrar

NOV 19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12/28

17 I HEREBY CERTIFY, That I attended deceased from 11/10, 1928, to 11/12, 1928, that I last saw him alive on 11/12, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Streptococcus Septicemia
Acute tonsillitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 11/10/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Hamilton Jones, M. D.

, 19 BALTIMORE CITY HOSP[redacted]

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11-18 1928
20 UNDERTAKER: Daniel Easton	ADDRESS 916 Gay St

Cor.—12-9-25—A'Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39335

CERTIFICATE OF DEATH.

183

E 39335

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 Laurens St., 1622 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H. Gillis

(a) RESIDENCE NO. 1437 Laurens St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca.

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Newton Gillis

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Lucie Braxton

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Robt Gillis

(Address) 1420 N. Gilmor

Filed NOV 19 1928 HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest. (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy & Inquest. (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrage due to pistol wound of Chest involving Lung, Heart & Spleen.

CONTRIBUTORY (Secondary) (Accident?) Suicide?

(duration) yrs. mos. ds.

Signed H. H. Funk, M. D.

Nov 16th, 1928 (Address) North Ave & Durant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? 1437 Laurens St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial 11-19 1928

20 UNDERTAKER Daniel Easton & Sons ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

39336

HEALTH DEPARTMENT—CITY OF BALTIMORE

12-9 E 39336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 S. Decker Av ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pelagia Cholewinska

(a) RESIDENCE No. 1231 Decker ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 73; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Thomas Kurlinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): John Cholewinski 1231 Decker Ave

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 7, 19 27, to Nov. 16, 19 28, that I last saw her alive on November 4, 19 28 and that death occurred, on the date stated above, at 11.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
(Left Hemiplegia)

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

11-17 19 28 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stans Hans Cem

DATE OF BURIAL: Nov 20 19 28

20 UNDERTAKER: Stephen Fialkowski

ADDRESS

CAUSE OF DEATH must be filled in. See instructions on back of certificates. TION is very important

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39337

101-001

E 39337

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 741 Cator Ave ST. 22-75 WARD)

2—FULL NAME John Fruehn

(a) RESIDENCE NO. 741 Cator Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Fruehn

6 DATE OF BIRTH (month, day, and year) Feb 4 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Designer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fruehn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret Fruehn

(Address) 741 Cator Ave

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16/28

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Nov 16, 1928

that I last saw h... alive on Nov 16, 1928

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Uremic Pneumonia

5 Chronic (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. C. H. Camp M. D.

Nov 18, 1928 (Address) 1404 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 19 1928
20 UNDERTAKER	ADDRESS
Thos C. Miller & Son	2354 Jefferson

Important. See instructions on back of this sheet.

NOV 19 1928

D. OF H. BALTIMORE MD.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39338

CERTIFICATE OF DEATH.

167 E 39338

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 514 Division St. W-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Gustavus N. Deering

(a) RESIDENCE NO. 514 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E. Deering

6 DATE OF BIRTH (month, day, and year) Apr 6, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Advertising

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John H Deering

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Jane E Deering

(Address)

NOV 13 1928

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

PM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas Asphyxiation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas H Preston M. D.

(Coroner)

11/18 1928 (Address) S. W. Diss

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Burn — Date of Burial Nov 19 1928

20 UNDERTAKER W M Rountree — ADDRESS 2238 N North

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39339

CERTIFICATE OF DEATH

100-001 E 39339

1-PLACE OF DEATH Balto City Hospl.

CITY OF BALTIMORE: (No.) Balto Md (ST.) 4-25 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa P. Seibold

(a) RESIDENCE No. 1181 N. Green St. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo H Seibold

6 DATE OF BIRTH (month, day, and year) July 28 54

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl. (Address) Balto Md.

15 C. HAMPSON JONES, M. D. Registrar

NOV 19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 — 17 — 19 28

17

I HEREBY CERTIFY, That I attended deceased from 10-16, 19 28, to 11-17, 19 28

that I last saw h[illegible] alive on 11-16, 19 28

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thos. J. Boerner M. D.

11/17 19 28 (Address) Balto City Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 11/20 19 28

UNDERTAKER Jno W Routson

ADDRESS 2286 N. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39340

HEALTH DEPARTMENT—CITY OF BALTIMORE

144 E 39340

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Baranowska

(a) RESIDENCE NO. 1817 Gough St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Baranowska

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Walter Borowiak

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Bentkowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mother

(Address) 1817 Gough St

NOV 13 1928

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Child Birth (Placenta Praevia)

(duration) yrs. mos. ds.

(Signed) J. S. Reese, M. D.

(Coroner)

11/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Nov 20 1928

Date of Burial

UNDERTAKER F W Ozazewski

ADDRESS 1930 Eastern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39341

CERTIFICATE OF DEATH

46 E 39341

1—PLACE OF DEATH

REGISTERED NO. 20-28

CITY OF BALTIMORE: (No. 1915 Christian St ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Bowers

(a) RESIDENCE NO. 1915 Christian St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Bowers

6 DATE OF BIRTH (month, day, and year): Jan. 18-1875

7 AGE: Years 53 Months 9 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Edward Bentley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Bowers

(Address) 1915 Christian St.

NOV 19 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 17/1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1926 to Nov. 17 1928 that I last saw her alive on Nov 17 1928 and that death occurred, on the date stated above, at 5 25-P m.

The CAUSE OF DEATH* was as follows:

Malignant Papilloma of ovary

duration 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Growth Intestines

duration 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? Yes Date of Nov 15, 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopical exam

Operation

(Signed) Edward J. Smith M. D.

Nov 17 1928 (Address) 92-0 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov. 20 1928

20 UNDERTAKER: George L. Schmidt

ADDRESS: 1901 Eutaw Pl.

Spec.—1-10-21—M&T—1500 Bks.

Sellman ✓

E 39342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39342

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 328 S Monroe ST. W-28 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Sellman

(a) RESIDENCE NO. 326 S Monroe ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E Sellman

6 DATE OF BIRTH (month, day, and year) Dec 14, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Thos. Sellman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hagger

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Catherine E. Sellman
(Address) 328 S Monroe St

15 Filed NOV 19 1928 C. HAMILTON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 15, 1928, that I last saw h[illegible] alive on Nov 15, 1928, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 5 mos 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. O'Neill M. D.

, 19 (Address) 108 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Nov. 19 1928

20 UNDERTAKER George L. Schwabe ADDRESS 1401 Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

V 19 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39343

CERTIFICATE OF DEATH

90 E 39343

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jesse Boyer

(a) RESIDENCE NO. 2227 Brent ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Boyer.

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE: 60 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, prnfessinn or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER —, Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER Eliz. Bowie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Friends

(Address) BALTIMORE CITY HOSPITALS

NOV 29 1928 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-28

17 I HEREBY CERTIFY, That I attended deceased from 8-15-, 19 28, to 11-17, 19 28, that I last saw him alive on 11-17, 19 28 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility - arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) [signature] M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 21 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pulaski St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39344 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-09 E 39344

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Ellerslie Ave. 7-9 WARD)

2—FULL NAME WILLIAM JOHNSON BROADFOOT

(a) RESIDENCE NO. 1917 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Broadfoot

6 DATE OF BIRTH (month, day, and year): November 27, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	10 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired 12 years

9 BIRTHPLACE (city or town) (State or country): Baltimore maryland

PARENTS

10 NAME OF FATHER: Joseph Broadfoot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Louise Sanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Rose Tiemann (Daughter)

(Address): 3100 Ellerslie Ave.

15 Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17th, 1927, to Nov 17th, 1928, that I last saw him alive on Nov. 17th, 1928 and that death occurred, on the date stated above, at 8.00 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemmorhage

CONTRIBUTORY (Secondary) Coma (duration) 1 yrs. 2 mos. ds.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Robert S. Kirk, M. D.

11/19, 1928 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Nov. 20. 1928

UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39345

CERTIFICATE OF DEATH.

129

E 39345

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Frederick Ave ST.) 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Subock

(a) RESIDENCE NO. 1807 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? 71 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Subock

6 DATE OF BIRTH (month, day, and year): Sept 2, 1857

7 AGE: Years 83 Months 1 Days 18 If LESS than 1 day, hrs or min. 21

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Wife 1807 Frederick Ave

15 Filed NOV 10 1928 C. HAMPSON JONES, M. D. Registrar. by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): NOV 17 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 28 to Nov 17 19 28.

that I last saw h e alive on Nov 16 19 28.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George L. Wiseley, M. D.

19 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: NOV 20 1928 19

20 UNDERTAKER: Robert S. Little

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 39346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39346

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 De Soto Road St. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Frederick Wasowski,

(a) RESIDENCE NO. 1501 De Soto Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE~~ of Amelia Wasowski,

6 DATE OF BIRTH (month, day, and year) Nov. 22, 1846

7 AGE: Years 79 Months 11 Days 19 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of Industry, business, or establishment in which employed (or employer): Own Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Amelia Booker

(Address) 1501 De Soto Road

Filed 19 1928 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to Nov 17, 1928.

that I last saw him alive on Nov 17, 1928,

and that death occurred, on the date stated above, at 1250 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Hubert A. Ely, M. D.

11/19, 1928 (Address) 54 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem DATE OF BURIAL 19

20 UNDERTAKER: Geo W Settle ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39347

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp ST. 25-27 WARD)

REGISTERED NO. E 39347

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Catherine Buckto.

(a) RESIDENCE NO. 45-22 Curtis ave. ST. Curtis Bay WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bucto. Md.

PARENTS

10 NAME OF FATHER: Joseph Koner

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant (Address): Stephen Buckto. 45-22 Curtis Ave

Filed Nov 19 1928 H. HANSON JONES, M. D., Sec. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 18, 1928, that I last saw her alive on Nov 18, 1928, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Pregnancy complicated by toxemia of pregnancy

Acute yellow atrophy of Liver (duration) yrs. 20 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Theodore Voelcker M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Independent Cem.

DATE OF BURIAL: Nov 20 1928

20 UNDERTAKER: John Grebliauckas

ADDRESS: 423. S. Paca St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39348

CERTIFICATE OF DEATH.

5-9,007 V

5 E 39348

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST. V-37 WARD)

2-FULL NAME Catherine Winterling

(a) RESIDENCE No. 3727 Foster Ave. ST. 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	6 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frederick G. Winterling

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Madeline E. Haines

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Frederick G. Winterling

(Address) 3727 Foster Ave.

Filed NOV 19 1928 HAMILTON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov. 15, 1928.

that I last saw h alive on Nov. 17, 1928.

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency & premature birth

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Nov. 20 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—7-17-26—A Co.—200 Bks.

E 39349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39349

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5703 Harford Road St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C. O'Keefe

(a) RESIDENCE NO. 5703 Harford Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of William J. O'Keefe

6 DATE OF BIRTH (month, day, and year) March 14th. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	67	8	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER David Finn

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14

Informant William J. O'Keefe

(Address) 5703 Harford Road

Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

Per Ruff.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 28

17

I HEREBY CERTIFY, That I attended deceased from May 1 1927 to Nov 17 1928

that I last saw h[illegible] alive on Nov 17 1928

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Nephritis

(duration) 10 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hampson Jones M. D.

, 19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 11/20 1928

20 UNDERTAKER Chas. H. Kane & Son ADDRESS 1131 Mt Royal Ave

I hereby request that a certificate of death be issued in accordance with the facts stated above.

Signature and address of person in charge of body

Date 19

Physician's or Undertaker's Copy

IMPORTANT. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Should be carefully supplied. Name of DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39350 ✓ E 39350

CERTIFICATE OF DEATH

57

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2224 Harford ave. St. 4-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Feil

(a) RESIDENCE NO. 2224 Harford ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Feil

6 DATE OF BIRTH (month, day, and year) Jan. 1 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edward F. Feil
(Address) 2224 Harford ave

15 Filed NOV 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 19 28 to Nov 16 19 28

that I last saw her alive on Nov 16 19 28

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jack G. Schmidt, M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemtery	Nov 20 1928
20 UNDERTAKER	ADDRESS
George F. Ruth	1735 Harford ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 39351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39351

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 McCulloh ST. 11-24 WARD)

2—FULL NAME Anna C Hildebrandt

(a) RESIDENCE NO. 1000 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A E. Hildebrandt

6 DATE OF BIRTH (month, day, and year) Aug 14. 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Jacob Hampel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clarrett Cast

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles A. Hildebrandt

(Address) 4211 Groveland Ave

15 Filed NOV 19 1928 HAMILTON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 18. 1928, to Nov. 16. 1928, that I last saw her alive on Nov. 16. 1928 and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration, Mitral Regurg. Aortic Stenosis Cardiac Hypertrophy

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A. F. Ries, M. D.

Nov 17. 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11 19 28

20 UNDERTAKER W. H. Cook

ADDRESS 522 Nadon

Important. See instructions on back of this sheet.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39352 E 39352

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 St Paul St. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Dickinson Aiken

(a) RESIDENCE NO. 1125 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late John A. Aiken

6 DATE OF BIRTH (month, day, and year) March 8th 1849

7 AGE: Years 79 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Trappe Md

PARENTS

10 NAME OF FATHER S. P. Dickinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Trappe Md

12 MAIDEN NAME OF MOTHER Catharine P. Millard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greenfield Mass

14 Informant: Mr John Dickinson (Address) 1125 St Paul St

15 C. HAMPSON JONES, M. D. (Physician)

19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1927 to Nov 16 1928, that I last saw ~~him~~ her alive on Nov 16 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Carcinoma of Breast 1900-21

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

(Address) (402 Park Ave)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 20 1928

20 UNDERTAKER: Henry W Jenkins Son & Co — ADDRESS: Edmondson Ave Catonsville Md

CAUSE OF DEATH in plain terms. Abortion, if any, to be reported. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39353

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Zittlow (Sister Mercedes)

(a) RESIDENCE No. Convent Good Shepherd ST. Unknown WARD Mount Pleasant

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nun

6 DATE OF BIRTH (month, day, and year): June 4, 1875

7 AGE: Years 43 Months 5 Days 15 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Buffalo. New York

PARENTS

10 NAME OF FATHER: Jacob Zittlow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Eliz. Dietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mt Hope Retreat

Filed 19 1928 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1926, to Nov 19, 1928, that I last saw h[illegible] alive on Nov 19, 1928, and that death occurred, on the date stated above, at 12.15 Midnight m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Dementia Praecox

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Millon P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 11/20 19 28

UNDERTAKER: John J Raley Sons

ADDRESS: 1318 Light St

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Blks.

E 39354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39354

CERTIFICATE OF DEATH. 118-60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Hosp St. 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Randolph

(a) RESIDENCE NO. Ellicott City, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Not Employed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert Randolph (deceased)

(Address) Ellicott City

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar 2972

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/10 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/7, 1928, to 11/10, 1928,

that I last saw him alive on 11/10, 1928,

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia. Prostatic abscess with extravasation of urine.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Congenital, and exposure (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/7/28

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Hugh H. Bailey, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39355 E 39355

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

REGISTERED NO. 24-33

CITY OF BALTIMORE: (No. 1103 Bally Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hustford

(a) RESIDENCE. No. 1103 Bally Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV 18-28

7 AGE — Years: — Months: — Days: 1 — If LESS than 1 day 2 hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James McClusking.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Leonora Hustford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant

(Address)

15 Filed C. HAMPSON JONES, M. D. Registrar.

V 19 1928 976

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from NOV. 17, 1928, to NOV 18, 1928, that I last saw h[illegible] alive on NOV. 18, 1928, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows: *

Premature Birth.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1103 Bally Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Allen W. Kelly, M. D.

19 (Address) 1412 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 E 39356

1-PLACE OF DEATH Fountain Court

City of BALTIMORE: (No. Jackson Wharf St. 3-5 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Tull

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
about 45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

Reg. 19

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(duration) one day yrs. mos. ds.

CONTRIBUTORY (Secondary):

(duration) yrs. mos. ds.

(Signed) James M Hunter M. D.

(Coroner)

11/2, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Every item is very important. See instructions on back of certificate.

NOV 19 1928

UNIVERSITY OF MARYLAND

Commissioner of Health

Spec.—2-29-28—L. F. S.—500 Bks.

E 39357

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 39357

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST 5-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fred Mahn

(a) RESIDENCE NO. Arlington ave (?) ST. Levering House WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dish Washer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not Married

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 19 1928 19

C. HAMPSON JONES, M. D. Registrar

Per RCD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-28

17

I HEREBY CERTIFY, That I attended deceased from 11-8 . 1928 . to 11-11 . 1928 .

that I last saw him alive on 11-11 . 1928

and that death occurred, on the date stated above, at 9.25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray, Lab & Physical Exam

(Signed) H. Dorsett Black M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 13 1928

MORGUE

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39358

CERTIFICATE OF DEATH

74-001 E 39358

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE. (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Carper

(a) RESIDENCE NO. Anchor Hotel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ?

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 HAMPSON JONES, M. D. Registrar

V 19 1928 Per RRB

THE MORGUE. 2979

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-28

17 I HEREBY CERTIFY, That I attended deceased from 2-20, 1928, to 11-11, 1928, that I last saw him alive on 11-11, 1928, and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia; Cerebral Hemorrhage. 2 d - old Cerebral Hemorrhage, left

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) H. M. Hurst M. D.

19 ..... 19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS NOV 19 1928

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39359

CERTIFICATE OF DEATH.

× 90 E 39359

1-PLACE OF DEATH

City of BALTIMORE: (No. S/S Munloyal, Fairfield. St. 25-76 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Kalaluhi.

(a) RESIDENCE NO. Honolula, Hawii. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 16, 1897.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	1	25 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman S/S Munloyal.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Honolula, Hawii.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Capt. Fluck.

(Address) S/S Munloyal.

15 Filed NOV 19 1928 19

C. HAMPSON JONES, M. D.

Registrar

THE MORGUE. 2980

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 10, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

11/19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

JOHNS HOPKINS HOSPITAL 19

20 UNDERTAKER ADDRESS

Commissioner Health. NOV 19 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

E 39360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39360

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 816 Harlem ave St. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew A. Jones

(a) RESIDENCE NO. 816 Harlem ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: mary Jones

6 DATE OF BIRTH (month, day, and year): mch 1849

7 AGE: 79 Years Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore md

(State or country)

PARENTS

10 NAME OF FATHER: John James

11 BIRTHPLACE OF FATHER (City or town): Baltimore md

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown

(State or country)

14 Informant: Henry Jones

(Address) 816 Harlem ave

15 Filed NOV 15 1928 19 C. HAMPSON JONES M. Registrar

For ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-17-28 19

17 I HEREBY CERTIFY, That I attended deceased from 11-7- 19 28, to 11-17-28 19 ..... that I last saw him alive on 11-17-28 19 ..... and that death occurred, on the date stated above, at 10:10 AM

The CAUSE OF DEATH* was as follows:

Ischio Rectal abscess

Gangrenous type

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted? Balto md

If not at place of death?

Did an operation precede death? yes Date of 11/9/28

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. Boykin M. D.

19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lassard County Date of Burial: Nov 19 28

20 UNDERTAKER: Theodore Hirsh ADDRESS: 113 Walbert St

tion should be carefully supplied. Any failure to give the information requested in this OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39361

CERTIFICATE OF DEATH

75-001 V

E 39361

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 912 Fawn ST., 3 WARD)

2—FULL NAME Rosario Triffiletti

(a) RESIDENCE NO. 912 Fawn ST., 3 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 [illegible], Married, [illegible] (write the word): Leonarda Triffiletti

5a If married, widowed, or divorced (husband of (or) wife of): Leonarda Triffiletti

6 DATE OF BIRTH (month, day, and year): April 25, 1859

7 AGE: Years 69 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer: City

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Giuseppe Triffiletta

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Cogonski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Lena Rizzo

(Address) 912 Fawn st

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-[illegible]-28

I HEREBY CERTIFY, That I attended deceased from 10-16, 1928, to 11-16, 19 28

that I last saw h[illegible] alive on 11-16, 19 28

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis with Hypertension -

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemoplegia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Drugan M. D.

(Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 20 1928

20 UNDERTAKER: Frank V. Lupitone — ADDRESS: 2818 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39362

CERTIFICATE OF DEATH.

× 29 E 39362

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md Gen Hosp 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edw Burkins

(a) RESIDENCE NO. Darlington Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith F Burkins

6 DATE OF BIRTH (month, day and year): 1871

7 AGE: Years 57 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: John A Burkins

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary E Logan

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Hosp. Record

(Address)

15 HAMPSON JONES, M. D.

Registrar

19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lacerated Scalp & Skin. (over)

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Tetanus,

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Nov 19 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Darlington Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dgalington Cemetery Date of Burial 11-30 1928

20 UNDERTAKER: Herbert S Bailey Darlington Md. ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Fill statement of OCCUPATION very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 39363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39363

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2506 Fleet ST. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Stamborski

(a) RESIDENCE NO. 2506 Fleet ST. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stamborski

6 DATE OF BIRTH (month, day, and year) June 6 1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	70	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General natura of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Stamborski

(Address) 2506 Fleet St.

15 19 1928 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1928, to Nov. 18, 1928, that I last saw him alive on Nov. 17, 1928, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Bronchopneumonia – 2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. L. Libby, M. D.

, 19 (Address) 432 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See raverse sida for additional spaca.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Nov. 21 Date of Burial 19 28

20 UNDERTAKER John McNelis ADDRESS 401 S. Chester St

Registered Nov 19 1928 HAMPSON JONES, M. D. Registrar

Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39364

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Luebben

(a) RESIDENCE NO. 881 So Lakewood ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jos M. Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Idat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Friend

(Address) BALTIMORE CITY HOSPITALS

15 Filed C. HAMPSON JONES, M. D., Registrar

Per RKB

19 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-28

17 I HEREBY CERTIFY, That I attended deceased from 10-31, 1928, to 11-17, 1928 that I last saw h[er] alive on 11-17, 1928 and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs 1 mos. ds.

CONTRIBUTORY (Secondary) Rheumatic Heart Disease, Aortic Insufficiency - Mitral Disease Unknown duration

(duration) yrs mos. da.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Smith, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	11-22 19 28
20 UNDERTAKER Yellow Cab	ADDRESS 1025 E Balto St

Important. See instructions on back of this sheet.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39365

CERTIFICATE OF DEATH.

66 E 39365

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 22-71 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hook.

(a) RESIDENCE NO. 4207 Strickland St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer Self.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Hook.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Jennie Hook.

(Address) 3207 Strickland St.

15 C. HAMPSON JONES, M. D.

Registrar

NOV 19 1928

By ARR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D.

(Coroner)

11/19/1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Grove — Date of Burial 11/21/1928

20 UNDERTAKER J. M. Cook — ADDRESS 502 E. North Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39366 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39366

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N. Charles ST. 23-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver H. Disney.

(a) RESIDENCE NO. 1701 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Disney

6 DATE OF BIRTH (month, day, and year): July 8, 1873

7 AGE: Years 55 Months 4 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Papers 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Richard E. Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Sara E. Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Wm. H. Disney

(Address): 345 Acad.

15 Filed NOV 19 1928 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1928, to Nov. 17, 1928, that I last saw him alive on Nov. 17, 1928, and that death occurred, on the date stated above, at 7:25 A m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis.

(duration) few yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. T. Seabury, M. D.

(Address) 636 Fort.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 11/20 1928

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E. Fort Ave.

CAUTION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

(Orwig) See Letter on file dated 11-28-28 from Dr. E. Noonan, M.D.

E 39367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39367

CERTIFICATE OF DEATH

1—PLACE OF DEATH **BALTIMORE CITY HOSPITALS** [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Orwig

(a) RESIDENCE NO. 510 So. Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Melton

6 DATE OF BIRTH (month, day, and year) 11-25-1884 ~~1882~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER August Behnke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ? Stockert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] R. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 19 28 to 11-18, 19 28

that I last saw her alive on 11-18, 19 28

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological & Clinical

(Signed) John M. Moran, M. D.

BALTIMORE CITY HOSPITALS

*State the [redacted] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Cemetery	11-22-28 19
20 UNDERTAKER	ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 39368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39368

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 - Massachusetts Ave. WARD) 20-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John - Garrett Sr

(a) RESIDENCE No. 422 - Massachusetts Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary A Garrett

6 DATE OF BIRTH (month, day, and year) Dec 29 1862

7 AGE Years 65 Months 10 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER James Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary O'Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary A Garrett

(Address) 422 Massachusetts Ave

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925 to Nov 17, 1928

that I last saw him alive on Nov. 16, 1928

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus, Lobar Pneumonia (duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. Lloyd Johnson, M. D.

, 19 (Address) 422 W. Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 11/29/28

20 UNDERTAKER George E Harby

ADDRESS Fulton & Fayette

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39369

CERTIFICATE OF DEATH.

90

E 393369

23-31

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 132 Wagner's Court. St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneva Cole.(C)

(a) RESIDENCE NO. 132 Wagner's Court. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) February 11, 1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	14	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaiah Cole.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Annie Brown.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

14 Informant Annie Cole.(C) mother.

(Address) 132 Wayner's Court

15 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

NOV 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) [illegible] M. D.

(Coroner)

11/19 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial 11-21 1928

20 UNDERTAKER Jno. H. Toadvine ADDRESS 1027 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39370 — 101-001 — E 39370

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Balto City Hospital St. 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 1836 Hoddard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 6				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer): Common

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant: Balto City Hosp.

(Address)

Date: NOV 20 1928 Filed: HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 1 yrs. mos. 2 ds.

(Signed) James M Hanlon, M. D.

(Coroner)

11 19, 1928 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 0 yrs., 1 mos., 18 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 1836 Hoddard St

Former or usual residence Hoddard 1836

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial 11-20 1928

20 UNDERTAKER: Hamp Easton — ADDRESS 916 Lemmon

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39371 — 138 — E 39371

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST. ... WARD ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Harris Hall

(a) RESIDENCE No. 1067 W. Lexington ST., ... WARD.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. ... Born in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE 24 Years — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER ... Sam Sims
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Helen Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Helen Johnson
(Address) 1067 W. Lexington St

15 FILED NOV 20 1928 — E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1928, to Nov. 18, 1928, that I last saw h[er] alive on Nov. 18, 1928 and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:
Acute Generalized Peritonitis

(duration) ... yrs. ... mos 1 0 ds.

CONTRIBUTORY (Secondary) Pelvic abscess
(duration) ... yrs. mos. 1 8

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-20-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm C. Polone, M. D.

Nov. 19 1928 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stoney Run Cem — DATE OF BURIAL 11-20 1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 Ba ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39372

CERTIFICATE OF DEATH.

10 001 ✓

10 E 39372

1-PLACE OF DEATH So. Balt. Gen Hospital

CITY OF BALTIMORE: (No. 18-24 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Hodges

(a) RESIDENCE NO. 108 Mt. Clare ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 7, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward Hodges

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hospital Records
(Address)

15 C. HAMPSON JONES, M. D.
Registrar

NOV 20 1928

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.18 1928

17

I HEREBY CERTIFY, That I attended deceased from November 17, 1928, to November 18, 1928, that I last saw h[illegible] alive on November 18, 1928, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Unimportant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 108 Mt. Clare St

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F. Stroud Wroe M. D.

11/18, 1928 (Address) So. Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Nov 20 1928

20 UNDERTAKER John J. Cowan & Son

ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39373

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10 E 39373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1640 Warwick Ave ST. 5-6 WARD)

2-FULL NAME Ernest Franklin Longley.

(a) RESIDENCE NO. 1640 Warwick Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2-1895.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer): P. B. R. R. Co.

(c) Name of employer: Pub. R.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: William Longley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Bessie Bailey

(Address) 1218 Lanvale St.

15 NOV 20 1928 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov 19, 1928, that I last saw him alive on Nov 18, 1928, and that death occurred, on the date stated above, at 1.50 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

CONTRIBUTORY (Secondary) Lobar pneumonia (duration) yrs mos 2 ds.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lucien Green, M. D.

Nov 19 1928 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 21 1928

20 UNDERTAKER: Mr. Mrs. Jr. & Sr. Fink — ADDRESS: 2512 Hillsdale Ave

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39374

90 E 39374

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 23-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Cusack

(a) RESIDENCE NO. 3 E. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) centenarian

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from 11-19-28, to 11-18-28, that I last saw him alive on 11-18-28 and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Death Myocarditis ?

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Pulmonary edema -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) H. Bt. Mark, M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Nov. 23 19 28
UNDERTAKER Margaret A. Flynn	ADDRESS 42 Light

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39375

CERTIFICATE OF DEATH.

38 E 39375

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hosp'l St. 18-26 Ward)

2-FULL NAME Maggie Gaylor

(a) RESIDENCE NO. 124 N Pulaski St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Archie Gaylor

6 DATE OF BIRTH (month, day, and year): Nov 1907

7 AGE: Years 21 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nurse cook

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): North Carolina

PARENTS

10 NAME OF FATHER: Wm East

11 BIRTHPLACE OF FATHER (city or town)

(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Mattie Jamerson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): North Carolina

14 Informant: Archie Gaylor

(Address): 124 N Pulaski St

~~C. THOMPSON JONES, M. D.~~

Filed: NOV 20 1928

~~Registrar~~

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Staphylococcus Septicaemia

due to wound of the cervical Vertebrae

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. 24 ds.

(Signed) James H Thompson Jones M. D.

(Coroner)

11/19, 1928 (Address) 700 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 124 N Pulaski St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loud Mountain — Date of Burial: Nov 20, 28

20 UNDERTAKER: Kirk N. Chase & Son — ADDRESS: 1401 Mosher

How should this be filled out? DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39376

CERTIFICATE OF DEATH

90

E 39376

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 340 Augusta Ave. St. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Raehl.

(a) RESIDENCE NO. 340 Augusta Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Raehl.

6 DATE OF BIRTH (month, day, and year) March - 21 - 1846

7 AGE	Years	Months	Days
	82	7	28

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in whirh employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER J. Aurich.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mrs. Emma C. Albrecht.

(Address) 340 Augusta Ave.

Filed NOV 20 1928 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 18-1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Nov 18, 1928.

that I last saw h~~e~~r alive on Nov 18, 1928.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contrarted

If not at place of death?

Did an operation prerede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Louis J. Faber, M. D.

11/18, 1928 (Address) 249 Augusta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: Nov. 20 1928

20 UNDERTAKER: Charles J. Schwab. ADDRESS: 2057 Mary Land Ave

tion should be carefully supplied. ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 39377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47 E 39377

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1223 Linden Ave. St. 11-24 Ward)

2-FULL NAME Mary L. Dawson

(a) RESIDENCE NO. 1223 Linden Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	widow

3a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Douglas H. Dawson

6 DATE OF BIRTH (month, day, and year) Dec. 2-1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Rev. Theodore S Valiant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Chess

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Frank McCleery

(Address) 1223 Linden Ave

15 Filed NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, to Nov 19, 28, that I last saw alive on Nov 18, 28, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Breast
Metastasis to Lung

CONTRIBUTORY (Secondary) (duration) yrs. 9 mos. ds.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Dempsey Cross, M. D.

11/19, 1928 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Nov. 21 1928

20 UNDERTAKER Harry W. Ehlen ADDRESS 1647 W Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39378

CERTIFICATE OF DEATH

74 E 39378

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Gilmore

(a) RESIDENCE NO. 6 no Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7+ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER James Gilmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 20 1928 THOMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 19 28, to 11-18, 19 28, that I last saw him alive on 11-18, 19 28 and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, ~~at~~, left with ~~right~~ Hemiplegia and aphasia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) H. W. Hook M. D.

19 [illegible] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Nov 21 1928

20 UNDERTAKER Wendell J Heppel — ADDRESS 300 S Eden

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39379

CERTIFICATE OF DEATH.

167-001 167 E 39379

24-34

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1724 Webster St. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard E. Taylor. Sr.

(a) RESIDENCE NO. 1724 Webster St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---mos.--da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~XXXXXXXXX~~ (or WIFE of) Alice K. Taylor.

6 DATE OF BIRTH (month, day, and year) October 2 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Prince Georges Co. Md.

PARENTS

10 NAME OF FATHER James E. Taylor.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland.

12 MAIDEN NAME OF MOTHER Anna Bryant.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Alice K. Taylor. (wife)

(Address) 1724 Webster St.

Filed 19 Registrar

C. HAMPSON JONES, M. D.

NOV 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

11/19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — Date of Burial Nov 21 1928

20 UNDERTAKER Geo W Zirkler — ADDRESS 1737 E Eager St

tion should be carefully supplied. All answers must be plain and OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 39380

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N Bond ST., 6-9 WARD)

2-FULL NAME William Briggs

(a) RESIDENCE NO. 428 N Bond ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE — Years: 31 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ella Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Alexander Briggs
(Address) 1807 Coleman St

15 NOV 26 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1928 to Nov 18 1928

that I last saw h alive on Nov 14 1928

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Cerebro Vascular Hemorrhage

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) C. Hampson Jones, M. D.

11-18-1928 Address 508 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smith field Va — DATE OF BURIAL: Nov 20 1928

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39381

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 39381

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 N. Ann St. 6-9 Ward)

2-FULL NAME Rudolph Johnson

(a) RESIDENCE NO. 233 N. Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Willie Phelp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant Walter Johnson

(Address) 233 N. Ann St.

15 Filed NOV 20 1928 16 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Jones M. D.
(Coroner)

(Address) 11/20/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Nov 21, 28

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor—12-9-25—A Co.—200 Bks.

E 39382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39382

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute St. Joseph Hospital St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L.Marshall

(a) RESIDENCE NO. 1716 N.Rutland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora S,Marshall

6 DATE OF BIRTH (month, day, and year): Sept.17th,1861

7 AGE — Years: 67 — Months: 2 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Contracting Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Talbot Co. Md.

10 NAME OF FATHER ----- Marshall

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

PARENTS

14 Informant: Robt.L.Marshall Jr.

(Address): 1716 N.Rutland Ave.

Filed NOV 23 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov.18th.1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Disease

"

(Reported "Indigestion")

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

11/19/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem,

Date of Burial: Nov. 20th 1928

UNDERTAKER: Philip Sterig

ADDRESS 2010 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39383

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 23 ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Nickens

(a) RESIDENCE No. 1022 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female. 4 COLOR OR RACE: colored. 5 Single, Married, Widowed, or Divorced, (write the word): single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3 1928.

7 AGE: Years | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Robert Dyson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Victoria Nickens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Pearl Nickens (Address)

15 NOV 20 1928 C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-16-, 1928, to 11-19, 1928, that I last saw h[illegible] alive on 11-19-, 1928, and that death occurred, on the date stated above, at 8:50 P.M.

The CAUSE OF DEATH* was as follows:

Premature Infant.
Rhus Pharyngitis,
Terminal Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Ten. Bronchio-Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. T. Linthicum, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn | DATE OF BURIAL: Nov 23 1928

20 UNDERTAKER: Virginia A. Brooks | ADDRESS: 1463 N. Carey

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39384 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General 100

CITY OF BALTIMORE: (No. Bruce ST. 16-22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josephine Toulson

(a) RESIDENCE NO. 1112 Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard F. Toulson

6 DATE OF BIRTH (month, day, and year) Feb 1 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Joseph W. Bruce

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Louisa Trupt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md (State or country)

14 Informant Mrs Arthur Johnson

(Address) 2303 St Paul's ave

Filed NOV 26 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-15, 1928, to 11-19, 1928, that I last saw her alive on 11-19, 1928, and that death occurred, on the date stated above, at 9:35 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

11/19, 1928 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Nov 21 1928

20 UNDERTAKER Chas. H. Black — ADDRESS 742 W. North ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Soellner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39385

CERTIFICATE OF DEATH

90

E 39385

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2600 E. Monument ST., 7 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alphonsus F. Soellner

(a) RESIDENCE NO. 2600 E. Monument ST., 7th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline Soellner

6 DATE OF BIRTH (month, day, and year) Feb. 17th 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectionary Mfg

(b) General nature of industry, business, or establishment in which employed (or employer) Store Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frederick Soellner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Madeline Soellner (wife)

(Address) 2600 E. Monument St

15 NOV 20 1928

J. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18/28

17 I HEREBY CERTIFY, That I attended deceased from February 2, 1928, to Nov. 18, 1928, that I last saw him alive on Nov. 18, 1928 and that death occurred, on the date stated above, at 11 17 a. m.

The CAUSE OF DEATH* was as follows:

Atropic Cardiorenal disease.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs.

(duration) yrs mos. 8 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. D. Schmidt, M. D.

11/9, 1928 (Address) 701 N. Elmwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 21st 1928

UNDERTAKER Lilly & Zilen Inc. ADDRESS 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 39386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 39386

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 St James St ST.) 10-14 (WARD)

2-FULL NAME Mary Wilson

(a) RESIDENCE NO. 1207 St James St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milford Wilson

6 DATE OF BIRTH (month, day, and year) May 7 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bag Sorter

(b) General nature of industry, business, or establishment in which employed (or employer) Factory do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chesterfield Va.

PARENTS

10 NAME OF FATHER Dennis Robins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Durham N. C

12 MAIDEN NAME OF MOTHER Mamie Burell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mamie Barnes

(Address) 225 Madison Ave.

15 Filed NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

by

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 – 19 – 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Nov 17, 1928, that I last saw h[illegible] alive on Nov 17, 1928, and that death occurred, on the date stated above, at 4.09 p. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Th

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. G. Hornaday M. D.

11/14, 1928 (Address) 733 Ausquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 11-21 1928

20 UNDERTAKER Byron Wright — ADDRESS 1218 McElderry St

Spec.—1-10-21—M&T—1500 Blks.

219836 E 39387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39387

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Holden

(a) RESIDENCE No. 1422 Eastman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Walter Holden

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) VA

PARENTS

10 NAME OF FATHER William ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) VA

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) VA

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from November 15, 1928, to November 17, 1928, that I last saw her alive on November 17, 1928, and that death occurred, on the date stated above, at 4.06 A. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Tubo-ovarian abscess right ruptured

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov. 16, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. D. Everett, M. D.

11/17, 1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Nov 20, 1928

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 327 N Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39388

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1200 Franklin St. 16 67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Tripps.

(a) RESIDENCE NO. 1200 Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hanna Tripps.

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 67; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Isaac Tripps

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Newson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma L. Tripp

(Address) 1139 N. Gilmor St.

15 Filed NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 16, 1928, that I last saw h— alive on Nov 16, 1928, and that death occurred, on the date stated above, at 7 40P m.

The CAUSE OF DEATH* was as follows:

Heart disease

(duration) yrs. 9 mos. 15 ds.

CONTRIBUTORY (Secondary) Valvular disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Thos. Woolridge, M. D.

Nov 20 1928 (Address) 1032 W. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Balto Co Md

DATE OF BURIAL: 11/20, 1928

20 UNDERTAKER: Frank T. Hennessy

ADDRESS 578 N. Bridle

Spec.—2-29-28—L. F. S.—500 Bks.

E 39389 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39389

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 2637 ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sunny Harris (Harrison?)

(a) RESIDENCE NO. Jungle Station ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of not obtained

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not given

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Walter Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 FILED 20 1928, 19 C. HAMILTON JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from 11-15, 1928, to 11-18, 1928, that I last saw h[er] alive on 11-18, 1928 and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis? Autopsy

(Signed) W. M. Mack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Nov 26, 1928
UNDERTAKER	ADDRESS
R A Elliott	1725 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 39390 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39390

CERTIFICATE OF DEATH

1-PLACE OF DEATH Womans Hospital REGISTERED NO. 123

CITY OF BALTIMORE: (No.) ST. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lillian Jones

(a) RESIDENCE NO. 1137 N Central Ave ST., WARD 10th

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 8 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales woman

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer Charles E. Merdes

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Fredrich Jones

11 BIRTHPLACE OF FATHER (city or town) Dortmund (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Jordan

13 BIRTHPLACE OF MOTHER (city or town) Berlin (State or country) Germany

14 Informant Mr. Charles F. Jones Bro.

(Address) 1137 N Central Ave

NOV 20 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1928, to Nov. 19, 1928, that I last saw her alive on Nov. 18, 1928, and that death occurred, on the date stated above, at 7.40 A m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis with Cholecystitis.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia, terminal (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 22'28

Was there an autopsy? Yes Surgical full Coron. Thrombosis

What test confirmed diagnosis? Operation

(Signed) Francis H Lang Jr M. D.

11/19, 1928 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Nov. 21 1928

20 UNDERTAKER Henry Hoeck & Son ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. ATTENTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39391

CERTIFICATE OF DEATH.

E 39391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3304 (Street) Morley (Ward) 20-10

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature ♂ Frank & Victoria Dellanoce

(a) RESIDENCE NO. 3304 (Usual place of abode) Morley ave WARD

Length of residence in city or town where death occurred yrs. mos. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ♂

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-18-28

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 3304 Morley ave Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank Dellanoce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Victoria Grue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Dellanoce (Address)

Filed NOV 20 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19- 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-18-, 1928, to 11-19-, 1928, that I last saw her alive on 11-19-, 1928, and that death occurred, on the date stated above, at 12:15 a. m.

The CAUSE OF DEATH* was as follows:

Immaturity (66 mo.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 9 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) Maurice E. Shamer M. D.

11/19, 1928 (Address) 3300 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 11/20/28

20 UNDERTAKER: Geo. J. Roth Sons — ADDRESS: 1735 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39392

CERTIFICATE OF DEATH

51

E 39392

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 703 N. Baltimore ST. 4-7 WARD)

2—FULL NAME Mary E. Myers

(a) RESIDENCE NO. 703 N Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Myers

6 DATE OF BIRTH (month, day, and year) July 5. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Samuel Rees

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Emily A. Rees

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mary E. Myers
(Address) 703 N. Baltimore St.

15 Filed NOV 20 1928 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Nov 18, 1928,

that I last saw her alive on Nov 18, 1928

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

DO

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roscoe G. Ross, M. D.

Nov 19 1928 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet

DATE OF BURIAL 11/21 19

20 UNDERTAKER Wm Cook

ADDRESS 1210 Madison

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39393

CERTIFICATE OF DEATH.

181-004 V E 39393

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 Wheeler Ave St. 20-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius F Sommer

(a) RESIDENCE NO. 14 Wheeler Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Sommer

6 DATE OF BIRTH (month, day, and year) Oct 11 - 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Security Trust Co

(c) Name of employer Storage Co Baltimore Md

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Frederick W Sommer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Constance B Krumm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant [redacted]

(Address) Mamie Sommer

C. HAMPSON JONES, M. D.

Per MRB Registrar

V 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident - Mon. Oxide. Gas Asphyxiation while working on his car in Garage - (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Chas H Brooke M. D.

(Coroner)

11/18, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 11/21 1928

20 UNDERTAKER William Cook — ADDRESS 501 E North

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39394

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 39394

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 22-34

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Hall

(a) RESIDENCE NO. 802 Light ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word):

.a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE — Years: 26 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Jamaica

PARENTS

10 NAME OF FATHER: George Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Jamaica

12 MAIDEN NAME OF MOTHER: Esther Gay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jamaica

14 Informant: BALTIMORE CITY HOSPITALS [redacted]

15 Filed [redacted], 19 [redacted] HAMPSON JONES, M. D. Registrar

NOV 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/16/28

17 I HEREBY CERTIFY, That I attended deceased from 11/7, 19 28, to 11/16, 19 28, that I last saw him alive on 11/16, 19 28, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [redacted] M. D.

19 [redacted] (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

Commissioner Health

NOV 20 1928

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

39395 E 39395

HEALTH DEPARTMENT—CITY OF BALTIMORE

39395 129 E 39390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. 817 N. Streeper St. 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Rezac

(a) RESIDENCE NO. 817 N. Streeper St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Rezac

6 DATE OF BIRTH (month, day, and year): Sep 5/1852

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Dr. B. Jacobs

9 BIRTHPLACE (city or town): _____

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Rezac

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Bohemia

14 Informant: Wife

(Address): 817 N. Streeper St.

15 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

(Signed) J. L. Kolb (Coroner) M. D.

11/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence: _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakhill Cemetery Date of Burial: Nov 21 1928

20 UNDERTAKER: August A. Pasch ADDRESS 2406 Eshland Ave

NOV 20 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39396 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 39396

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO. 24-34

CITY OF BALTIMORE: (No. ... St. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Conway

(a) RESIDENCE NO. 207 E. Fort Ave. ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Conway

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 59 Months ... Days ... If LESS than 1 day, hrs. or min. ...

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): not given

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not given

14 Informant: Walter Conway
(Address) 207 E. Fort Ave.

15 Filed ..., 19... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-29, 1928, to 11-19, 1928, that I last saw her alive on 11-19, 1928 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Left.)

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 11/3/28

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dr. R. M. Eriedson M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery

DATE OF BURIAL: 11 22 1928

20 UNDERTAKER: Harry J. Witzke

ADDRESS: 1531 N. Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH IS VERY important. See instructions on back of certificates.

V 20 1928

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39397

CERTIFICATE OF DEATH.

182 E 39397

REGISTERED NO.

1-PLACE OF DEATH Found floating off Maryland

City of BALTIMORE: (No. Ship building Co. Fairfield St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Fitzpatrick.

(a) RESIDENCE NO. 1961 N. Collington Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 30 yrs. --- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Martha Fitzpatrick.

6 DATE OF BIRTH (month, day, and year) November 10, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	58	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work U. S. Mud Inspector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Edward J. Conway.

(Address) 4607 Benton Heights Ave.

15 C. HAMPSON JONES, M. D.

Registrar

NOV 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing Nov. 6, 1928 Found Nov. 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall from a scow.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) (Coroner) M. D.

11/20 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Date of Burial Nov. 21 1928

20 UNDERTAKER Harry K. Wortzke ADDRESS 1531 W. Fayette St.

Do not write in spaces below. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39398

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-12 WARD)

2-FULL NAME Catherine Hanglet

(a) RESIDENCE NO. 818 N. Patterson Pk. Ave ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Hanglet

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, professloo or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Austro-Hungaria

PARENTS

10 NAME OF FATHER Joseph Josefik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austro-Hungaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austro-Hungaria

14 Informant Anthony Hanglet
(Address) 818 N. Patterson Pk Ave

Filed 20 1928 C. HAMPSON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1928, to Nov 20, 1928, that I last saw her alive on Nov 20, 1928, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Myocardial failure
Chronic Bronchitis
Emphysema
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial nephritis - Unregulated hypertension
(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 1, 28

Was there an autopsy? Yes

What test confirmed diagnosis? Gross autopsy

(Signed) Benjamin Klotz M. D.

11-20 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL Nov 23 1928

20 UNDERTAKER Frank Brachbay

ADDRESS Reisterstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39399 E 39399

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 76-42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Rines

(a) RESIDENCE NO. 4718 Hazelwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state the MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Operations, Autopsy, Contributory Causes. TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rines

6 DATE OF BIRTH (month, day, and year): June 12 1898

7 AGE — Years: 30 Months: 5 Days: 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Fred Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt

12 MAIDEN NAME OF MOTHER: Emma Kemberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant: Records

(Address)

15 C. HAMPSON JONES, M. D. Registrar

For

20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 1928 to Nov. 19 1928, that I last saw her alive on Nov. 19 1928, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 17

Removal of Tumor

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. B. Trimble M. D.

Nov 19 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov. 23 1928

20 UNDERTAKER: Frank Coverdale — ADDRESS: Highland

Spec.—2-29-28—L. F. S.—500 Bks.

E 39400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 39400

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Madeira ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Bednar

(a) RESIDENCE NO. 411 N. Madeira ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Frank J. Bednar

6 DATE OF BIRTH (month, day, and year): November 1866

7 AGE — Years: 62 | Months: 11 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frahold Bohemia

PARENTS

10 NAME OF FATHER: Joseph Ulber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frahold Bohemia

12 MAIDEN NAME OF MOTHER: Annie Cardova

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frahold Bohemia

14 Informant: Joseph J. Bednar

(Address) 3125 Benson Ave

15 C. HAMPSON JONES, M. D.

Filed NOV 20 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 18 28

17 I HEREBY CERTIFY, That I attended deceased from May 15 1928, to November 18 1928, that I last saw her alive on November 18 1928, and that death occurred, on the date stated above, at 10 10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Gastric

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

19 (Signed) Charles H. C. Meyer M. D.

1928 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 21 1928

20 UNDERTAKER: Funk Brothers

ADDRESS: Baltimore

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39401

CERTIFICATE OF DEATH

3 E 39401

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 613 N Port ST., 7-10 WARD)

2—FULL NAME Katherine Rauch Scherer

(a) RESIDENCE NO. 613 N Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl E. Rauch

6 DATE OF BIRTH (month, day, and year) Jan 13 1900

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
28	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Scherer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rausz Veronica

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Scherer

(Address) 613 N Port St

15 Filed Nov 20, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from May 19 28 to Nov 18 19 28

that I last saw h alive on Nov 17 19 28

and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Mitral Regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ed Bureau M. D.

(Address) 700 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov 21, 1928

20 UNDERTAKER Mrs C Muller & Son ADDRESS 1538 Jeffn St

Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39402

180-001

18 E 39402

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 Madison Ave. Ward 11-24)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Woodford, Jr.

(a) RESIDENCE NO. 1028 Madison Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/19/28

7 AGE — Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Woodford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Gertrude Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mother

(Address) 1028 Madison Ave

Filed 11/20, 1928 C. HAMPSON JONES, M. D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20/ 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/19/ 1928, to 11/20 1928, that I last saw h[illegible] alive on 11/19/ 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Suffocation (accidental)

Duration.....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

Duration.....yrs. .....mos. .....ds.

[illegible] Corner

Was there a Autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/20, 1928 (Address) 612 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Loudon Park Cemetery 11-21 1928

20 UNDERTAKER: George T. A. Gibson ADDRESS: 1935 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 20 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39403

CERTIFICATE OF DEATH.

31 E 39403

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 794 W. Mulberry St. 17-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Gilmore

(a) RESIDENCE NO. 794 W. Mulberry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gilmore

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Essie Gilmore

(Address) 400 Wilson St.

15 Filed NOV 21 1928 19 H. J. JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov. 17, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis.

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.

(Coroner)

11/20 28. (Address) 2759 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 11-20 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39404 — 1-PLACE OF DEATH

49 E 39404 — REGISTERED NO.

City of BALTIMORE: (No. 1629 Brunt St. 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Jenifer

(a) RESIDENCE NO. 629 Brunt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 9-1887

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
41	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Nathan Turner

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Ballard

13 BIRTHPLACE OF MOTHER (city or town): Md.
(State or country)

14 Informant: Mary Turner
(Address) 1629 Brunt St

15 Filed ..... 19 ..... Registrar

NOV 21 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Enquiry (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Spine

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Lenk M. D.

(Coroner) , 19 (Address) North Ave & Dru...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial 11-20 1928

20 UNDERTAKER: D. Caird Easton — ADDRESS 916 ... St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Charles Lee

E 39405 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39405

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 3-4 WARD)

2-FULL NAME Charles Lee

(a) RESIDENCE NO. 223 S. Dallas st. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Lee

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hospital Records
(Address)

15 NOV 21 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1928, to November 17, 1928, that I last saw h in alive on Nov. 17, 1928, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

11-17 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W W Cedar Grove — DATE OF BURIAL 11-21-1728

20 UNDERTAKER Daniel Custis — ADDRESS 916 Eutaw

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39406

CERTIFICATE OF DEATH.

31

E 39406

1-PLACE OF DEATH

REGISTERED No. _____

City of BALTIMORE: (No. 1617 Riggs St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Ferguson

(a) RESIDENCE NO. 1617 Riggs St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not

6 DATE OF BIRTH (month, day and year): Feb 5 - 1912

7 AGE — Years: 16 Months: 9 Days: 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Out to me

(State or country)

PARENTS

10 NAME OF FATHER: Chas Ferguson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Lillian Stafford

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Lillian Ford

(Address): 1617 Riggs

Filed NOV 21 1928 C. HARRISON JONES, M. D. Registrar

Date _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signature) H. C. Smith M. D.

(Coroner)

(Address) 1617 Riggs St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: 11-20-28

20 UNDERTAKER: D. Lemmon Easton ADDRESS: Easton Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39407

CERTIFICATE OF DEATH.

E 39407

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ... ST. ... WARD) 1724

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Shorter

(a) RESIDENCE NO. 580 W. Preston St. ... ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Motor Yacht "Doris"

9 BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) St. Mary's
(State or country) Co., Md.

12 MAIDEN NAME OF MOTHER Henrietta Farr

13 BIRTHPLACE OF MOTHER (city or town) St. Mary's Co.
(State or country) Md.

PARENTS

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed NOV 21 1928 19... C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH In plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 19 28

17

I HEREBY CERTIFY, That I attended deceased from October 31, 19 28, to November 19, 19 28, that I last saw him alive on November 19, 19 28, and that death occurred, on the date stated above, at 10:45 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, cerebral, cortical

(duration) yrs. ... mos. ... 23 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. ... mos. 12 hrs.

18 Where was disease contracted if not at place of death? Aboard [illegible]

Did an operation precede death? Lumbar puncture Date of Nov. 16, 1928

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & clinical findings

(Signed) Houston G. Foster, M. D.

11/20 1928 (Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 11/21 19 28

UNDERTAKER Samuel T. Hemsley ADDRESS 5[illegible] N. Eutaw

Cor.—12-9-25—A Co.—200 Bks.

39408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 E 39408

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital-50 St. W. (Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Frederick Carroll

(a) RESIDENCE NO. 405-E 27 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 18 1882

7 AGE: Years 46 Months 6 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: city

9 BIRTHPLACE (city or town): Md

(State or country)

10 NAME OF FATHER: Buchan Carroll

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Fields

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

PARENTS

14 Informant: Mrs. Carroll

(Address): 405 E. 27

15 Filed: NOV 21 1928 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound of heart.

1½ hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

Nov 20 (Signed) W. F. Tilly (Coroner) M. D.

1928 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial Nov 21 1928

UNDERTAKER: Duncan Taylor Woods Math. ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

21 8394
E 39409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 39409

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-68 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Bettigole

(a) RESIDENCE NO. 1608 h-Pulaski ST., ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 12 - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - Ø

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Arthur B. Bettigole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Kellan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 21 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928 to Nov. 20, 1928 that I last saw he alive on Nov - 20, 1928 and that death occurred, on the date stated above, at 9 15 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor malignant

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 3, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. R. Trimble M. D.

Nov 21 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nelson Machpelah Cd DATE OF BURIAL 11/24 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of cause of death is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39410

CERTIFICATE OF DEATH.

11/29 ✓

E 39410

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 ST., 7 WARD)

2-FULL NAME Mr. George W. Disney

(a) RESIDENCE No. 2112 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Disney

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lead Dipper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Connery Hurdle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Hattie Disney

(Address) 2112 W Mulberry St

15 Filed NOV 21 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1928, to Nov. 19, 1928, that I last saw him alive on Nov. 19, 1928, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with acute exacerbation.

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

Edema of Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical and Autopsy

(Signed) J Bay Sasubm, M. D.

11/19 1928 (Address) West Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/23 1928

20 UNDERTAKER William Cook — ADDRESS 502 E Pratt St

CAUSE OF DEATH MUST be given in plain English. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39411 CERTIFICATE OF DEATH. X 11 E 39411

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. 18-26 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Emil Hagen.

(a) RESIDENCE No. 917 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector.

(b) General nature of industry, business, or establishment in which employed (or employer) C/S

(c) Name of employer United Railway -

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER August Hagen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Diona Holm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Hospital Records (Address) W. Balto. Gen. Hosp.

15 Filed NOV 21 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Nov. 18, 1928, that I last saw him alive on Nov. 18, 1928 and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis - Pyo - phlebotis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and Autopsy

(Signed) Paul Schumacher, M. D.

11/18, 19 28 (Address) W. Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cremation

DATE OF BURIAL 11/21 19 28

20 UNDERTAKER H. C. Cook

ADDRESS 532 E. Lafayette Ave

CAUSE OF DEATH must be given. ATTENTION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39412

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1153 E Lombard St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Wagner

(a) RESIDENCE NO. 1153 E. Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wagner

6 DATE OF BIRTH (month, day, and year) 11. 17. 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Bradley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Keyser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Emma McGrath

(Address) 614 Annapolis Blvd

15 Filed NOV 21 1925 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Stokes Syndrome

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

11/20 1925 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial 11/23 1925

20 UNDERTAKER Wilhelm Cook — ADDRESS 503 N Fremont Ave

Do not attempt to classify occupations. Write the word which best describes the occupation. Do not abbreviate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39413 48 E 39413

1-PLACE OF DEATH

23-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1224 Marshall St ST., WARD)

2-FULL NAME Phillipina Washenfeldt

(a) RESIDENCE NO. 1224 Marshall St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Washenfeldt

6 DATE OF BIRTH (month, day, and year) Feb. 8 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Elizabeth Fontz

(Address) 1224 Marshall St

Filed NOV 21 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11- 20 1928

17

I HEREBY CERTIFY, That I attended deceased from May 1 1926 to Nov 20 1928

that I last saw h alive on Nov 19 1928

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Nose & arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

Nov 21, 1928 (Address) 1644 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cemetery

DATE OF BURIAL 11/22 1928

20 UNDERTAKER J. Fuw McCully

ADDRESS 130 E. Fort

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39414

CERTIFICATE OF DEATH.

113 E 39414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9Th. & Patapsco Ave. ST. 25-75 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Fiori

(a) RESIDENCE NO. 9Th. & Patapsco Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Fiori

11 BIRTHPLACE OF FATHER (city or town) (State or country) Arkansas

12 MAIDEN NAME OF MOTHER Myrtle Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Fiori
(Address) 9Th. & Patapsco Ave

15 Filed NOV 21 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 20, 1928, that I last saw h alive on Nov 20, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

acute Dio Calitis

CONTRIBUTORY (Secondary) (duration) yrs. mos 11 ds. Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Campbell, M. D.

Nov 21, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 11/22 1928

20 UNDERTAKER L. Fair Mi[illegible]

ADDRESS 1305 Fa[illegible]

CAUSE OF DEATH in plain terms, so that any physician can understand it. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39415 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39415

CERTIFICATE OF DEATH

24-001

1—PLACE OF DEATH

REGISTERED NO. 28-21

CITY OF BALTIMORE: (No. 405 N. Pulaski St. ST.) (90-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emilie T. Rau

(a) RESIDENCE NO. 405 N. Pulaski St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Rau

6 DATE OF BIRTH (month, day, and year) Oct 27 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	-	22	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baetimore and

PARENTS

10 NAME OF FATHER Frederick K. Demuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Salmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Walter L. Rau

(Address) 405 N. Pulaski St

Filed NOV 21 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13th. 1928, to Nov. 18th. 1928, that I last saw her alive on Nov. 18th. 1928 and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 2 Yrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ellis P. Carnahan M. D.

, 19 (Address) 24 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 21 1928
20 UNDERTAKER	ADDRESS
Jos Soerdens Son	217 S. Paca

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39416

CERTIFICATE OF DEATH.

E 39416

1-PLACE OF DEATH

City of BALTIMORE (No. 4500 Rbert. Frederick St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie D. Waldeck

(a) RESIDENCE NO. 4509 Frederick ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Waldeck

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 62 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: John Myers

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Myers

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Mrs Harris

(Address) 4509 Frederick ave

Filed NOV 21 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull, Arms & Legs and Ribs Run over by a Street Car

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooks M. D.

(Coroner) S. W. Bens.

11/20 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Nov 21 1928

20 UNDERTAKER: John J. Fields — ADDRESS: 1208 W Lombard

THIS SHOULD BE CAREFULLY EXAMINED. Any person who knowingly makes a false statement in the CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 39417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 29 E Montgomery St. WARD 27-33

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie E. Tennison

(a) RESIDENCE. No. 29 E. Montgomery St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Tennison

6 DATE OF BIRTH (month, day, and year): Aug 28th 1885

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	22	

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset Co Md

PARENTS

10 NAME OF FATHER: Jackson Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Somerset Co Md

12 MAIDEN NAME OF MOTHER: Louisa N. Hyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerset Co Md

14 Informant: Wm. A. Tennison

(Address) 29 E Montgomery St

Filed NOV 21 1928 Registrar C. HAMPSON JONES, M. D.

Del 10am

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928, to Nov. 20, 1928, that I last saw her alive on Nov. 19, 1928, and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C Hanson M. D.

, 19 (Address) 1213 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment Loudon Park

DATE OF BURIAL: Nov 23 19

20 UNDERTAKER: E Johnson & Son

ADDRESS: 1211 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. THION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39418

CERTIFICATE OF DEATH.

170 E 39418

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital 1733 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stonewall Steel

(a) RESIDENCE NO. 1210 William St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Yard Employee

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER James H Shell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Ada G Connolly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant James H Shell

(Address) Whitestone Va.

Filed. NOV 21 1928 19

C. HAMPSON JONES, M. D.
Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to E death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Pistol ball through head

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hampson Jones M. D.
(Coroner) S. W. [illegible]

11/19, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Whitestone Va via B&A R.R.	Nov 21 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

tion should be carefully supplied. All questions must be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39419

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Miller

(a) RESIDENCE NO. Annapolis, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Miller

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 X	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Whittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Record (Address)

15 Filed NOV 21 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1928

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to Nov. 21, 1928, that I last saw her alive on Nov. 21, 1928, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Tumor of the Hypopharynx grade.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation 11-20-28

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 20 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Joseph Faulkner M. D.

, 19 (Address) University Hospital

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camp. Parole Md.

DATE OF BURIAL 11-21 1928

UNDERTAKER E & B Harle

ADDRESS 115 E Mount St

CAUSE OF DEATH must be filled in plainly and completely. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39420 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39420

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Carey ST. 12-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hise

(a) RESIDENCE NO. 514 N Carey ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Wm Hise

6 DATE OF BIRTH (month, day, and year) — — 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Ackwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lillie Waters

(Address) 514 N. Carey St

NOV 21 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from ——, 19—, to Nov 15, 1928, that I last saw h[illegible] alive on 11/18, 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cystoid Tumor - Ovary

Contributory (Secondary) Cystoid Tumor Ovary (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ehrlich, M. D.

Nov 20, 1928 (Address) 927 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 11/21 1928

20 UNDERTAKER Samuel D Bundel

ADDRESS 578 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be understood by the public. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39421

CERTIFICATE OF DEATH

47 E 39421

1—PLACE OF DEATH

REGISTERED NO. 13-28

CITY OF BALTIMORE: (No. 744 W. North ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret T. Kratz

(a) RESIDENCE NO. 744 W. North ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widnwed, or Divorced, (write the word): single

a If married, widowed, or divorced HUSBAND nf (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, prnfessinn or particular kind of work: School Teacher

(b) Genernl nature of industry, business, or establishinent in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John William Kratz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katharine M. Bockelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant J. William Kratz

(Address) 744 W. North Ave

15 NOV 21 1928 19 C. HAMPSON JONES, Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1928

17 I HEREBY CERTIFY That I attended deceased from Nov. 16 19 to Nov. 21 19 28.

that I last saw her alive on Nov 21 19 28

and that death occurred, on the date stated above, at 5.05 a m.

The CAUSE OF DEATH* was as follows:

Paget's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Subdiaphragmatic abscess

(duration) yrs mos. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M. D.

19 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov 24 1928

UNDERTAKER: Chas. G. Black

ADDRESS: 142 W. North ave

Spec.—7-17-26—A Co.—200 Bks.

E 39422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39422

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3244 Barkley St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Coleman

(a) RESIDENCE NO. 3244 Barkley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Coleman

6 DATE OF BIRTH (month, day, and year) June 4, 1853

7 AGE	Years	Months	Days
	75	5	15

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launders at

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Sydnie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lovenia Perry

(Address) 3244 Barkley St.

NOV 21 1928

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19/1928

17 I HEREBY CERTIFY, That I attended deceased from 10-14-28, 19 and 11-12-, 1928, that I last saw her alive on 11-12-, 1928, and that death occurred, on the date stated above, at 12:25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Frank A Saunders M. D.

11-19-1928 (Address) 1029 N. Strieker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Pleasant Cem. Date of Burial Nov 21st 1928

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 845 Eastland Ave

tion should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. Letter on file from Dr R M Mock dated 11/24/1928 Changing age from 75 to 65 yrs

39423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH **BALTIMORE CITY HOSPITALS** [redacted] REGISTERED NO. 39423

CITY OF BALTIMORE: (No.) [redacted] ST. 25-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Brazil

(a) RESIDENCE NO. 1520 Cherry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Chas Brazil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 [redacted] BALTIMORE CITY HOSPITALS (Address) [redacted]

15 [redacted] HAMPSON JAMES M. Registrar

NOV 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20/28

17

I HEREBY CERTIFY, That I attended deceased from 10/17, 1928, to 11/20, 1928,

that I last saw h[illegible] alive on 11/20, 1928,

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) C. W. Mock, M. D.

BALTIMORE CITY HOSPITALS

*State the [redacted] lent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Nov 23. 1928
20 UNDERTAKER	**ADDRESS**
John Grebliauskas	4239 Pine St.

important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39424

CERTIFICATE OF DEATH

57

E 39424

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4223 Park Heights St. 15 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Levy

(a) RESIDENCE NO. 4223 Park Heights ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie

6 DATE OF BIRTH (month, day, and year): 1879.

7 AGE: 48 Years — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.. (about 50)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Aaron Levy

11 BIRTHPLACE OF FATHER (City or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Sophia

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Fannie Levy

(Address) 4223 Park Heights ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

V 21 1928 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/15, 1928, to 11/20, 1928, that I last saw h.. alive on 11/20, 1928, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Zapinter M. D.

11/21, 1928 (Address) 2520 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — Date of Burial 11/21 1928

20 UNDERTAKER: H. Lurman & Bro — ADDRESS 1127 E Baltimore St

tion should be carefully supplied. AGE should be stated EXACTLY in every case. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39425

CERTIFICATE OF DEATH.

× 100-001 E 39425

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) [illegible] ST., George (Ward) 6 4

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Robert George Hogan

(a) RESIDENCE NO. Ivy Cliff Ave ST. Catonsville Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia J. Hosier

6 DATE OF BIRTH (month, day, and year) Dec 12 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Aldershot (State or country) England

PARENTS

10 NAME OF FATHER Thos. Hogan

11 BIRTHPLACE OF FATHER (city or town) Mallow Cork Co (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Day

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Robt. G. Hogan

(Address) Ivy Cliff Ave Catonsville Md

15 Filed NOV 21 1928 HAMILTON JONES, M. D. Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1928, to Nov. 20, 1928, that I last saw him alive on Nov. 20, 1928 and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Abscess of Jaw, Sepsis and Infected Teeth

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of (Nov. 12, 1928. (Nov. 11, 1928

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John [illegible] M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov 22 1928

20 UNDERTAKER Henry H. Watkins Sons

ADDRESS McCulloh & Orchard

CAUSE OF DEATH to be plain terms, so that it may be properly coded. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

39426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39426

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 700 W Mulberry St. 17-21 WARD)

2-FULL NAME Emma Button

(a) RESIDENCE No. 700 W. Mulberry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Homework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) don't know

PARENTS

10 NAME OF FATHER Charles Brooks

11 BIRTHPLACE OF FATHER (city or town) don't know (State or country)

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) don't know (State or country)

14 Informant Josh Button (Address) 700 W Mulberry St

Filed NOV 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 18, 1928, that I last saw h[illegible] alive on Nov 18 1928 and that death occurred, on the date stated above, at 1250 a m

The CAUSE OF DEATH* was as follows:

Myocarditis - Nephritis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Slaney M. D.

(Address) 1534 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lucas Cem

DATE OF BURIAL Nov 21, 28

20 UNDERTAKER Leard & Wells Co.

ADDRESS 698 Pine St

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39427

CERTIFICATE OF DEATH.

90 E 39427

REGISTERED NO. 15221

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1341 N. Shroeder ST. (WARD)

2-FULL NAME Robert L. Jones

(a) RESIDENCE NO. 1341 N. Shroeder ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Jones.

6 DATE OF BIRTH (month, day, and year) Nov 9, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer - 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kavanaugh, Stafford Road St Marys Co Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria — Nov 21, 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robert Jones

(Address) 1341 N. Shroeder St

NOV 21 1928

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Nov 20, 1928, that I last saw h[illegible] alive on Nov 20, 1928 and that death occurred, on the date stated above, at 12.50 Noon m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma -

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - Mitral Regurgitation (duration) yrs. 8 mos. 27 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Jno. H. Wright, M. D.

(Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters cemetery

DATE OF BURIAL Nov 21, 1928

UNDERTAKER Edward Bryan

ADDRESS 631 orleans st

CAUSE OF DEATH in plain words. See instructions on back of certificates. TION is very important

Cor.—1924—18—200 Bks.

E 39428

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 90 E 39428

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sam Green

(a) RESIDENCE NO. 1604 E Fairmount St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Green

6 DATE OF BIRTH (month, day, and year) [illegible] 1894

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Calvin Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Emily King

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mary Dabbs

(Address) 1604 E Fairmount St

Filed ..... 19 ..... Per ..... Registrar

V. HARRISON JONES, M. D.

NOV 21 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Congestion of lungs

(duration) ..... yrs. ..... mos. 2 ds.

(Signed) James M Benton M. D.

(Coroner)

1121 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death ..... yrs. 14 mos. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1604 E Fairmount St

Former or usual residence (" " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park National cemetery Date of Burial Nov 21 28

20 UNDERTAKER Edward Bryan ADDRESS 1631 Orleans St

tion should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS if under one year. OCCUPATION should be such as to indicate the trade, profession or particular kind of work, whether employer, employe or self-employed, as well as the general nature of the industry, business or establishment with which the deceased was connected, e. g., Salesman Dry Goods, Stenographer Wholesale Grocery, Laborer Carpenter Contractor. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39429

CERTIFICATE OF DEATH.

74-001 E 39429

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 E. Biddle ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Dawson

(a) RESIDENCE NO. 1323 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Op'r

(b) General nature of industry, business, or establishment in which employed (or employer) Operator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Daniel Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Crowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Catherine Dawson

(Address) 818 E. Preston

15 Filed NOV 21 1928 C. HAMPSON JONES, M. D. Registrar

Per

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20/ 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/17, 1928, to 11/20, 1928.

that I last saw h alive on 11/20, 1928

and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

due to Pulmonary Edema

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Empyema & Pneumothorax

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas F Holtz M. D.

, 19 (Address) 502 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Nov 23 1928

20 UNDERTAKER Bide Wadefield & Burns

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39430

CERTIFICATE OF DEATH

90 E 39430

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 15-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Stokes

(a) RESIDENCE NO. 3758 Reisterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Tony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-28

17 I HEREBY CERTIFY, That I attended deceased from 8-24, 1924, to 11-19, 1928, that I last saw h[illegible] alive on 11-19, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Myocarditis, acute

Rheumatic Heart Disease with aortic & mitral Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) H. M. Hitch, M. D.

19 ..... 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	11/22 1928
20 UNDERTAKER	ADDRESS
Chas. B. Kuchauskas	637 S Paca St.

important. See instructions on back of certificates.

Cor—12-9-25—A Co—500 mw

E 39431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39431

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Heins

(a) RESIDENCE NO. 824 N. Luzerne Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Meta Heins

6 DATE OF BIRTH (month, day, and year): June 16/1888

7 AGE — Years: 39 Months: 5 Days: 3 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butter Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: U S

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

10 NAME OF FATHER Geo. S. Heins

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Beck

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

PARENTS

14 Informant: Meta Heins

(Address) 824 N. Luzerne Ave

15 Filed C. HAMPSON JONES, M. D., Registrar

Per

V 21 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage.
Pistol Shot wound thru rt Temple
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Y. Bacon (Coroner) M. D.

(Address) 503 E. North Ave

11/20/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Funeral Home Date of Burial Nov 22 1928

20 UNDERTAKER: Wm. C. Miller & Son ADDRESS 2334 E. Fayette St.

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Name of OCCUPATION should be given in full. Exact statement of OCCUPATION OF DECEASED is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39432 182 E 39432

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hanover St. Bridge. St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur W. Hachtel.

(a) RESIDENCE NO. 2912 Clifton Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX: Grace Hachtel.

6 DATE OF BIRTH (month, day, and year): November 1, 1871

7 AGE — Years: 57 — Months: 0 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: John G. Hachtel.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Henrietta Zeller.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: Clay D. Price. (son in law)

(Address): 2912 Clifton Ave.

15 Filed C. HAMPSON JONES, M.D. Registrar

Nov 21 1928 By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 19, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a pier.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) _____ M. D. (Coroner)

11/20 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Date of Burial Nov 22 19 28

20 UNDERTAKER: W. J. Tickner & Sons ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. Infants should show OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39433

CERTIFICATE OF DEATH.

74-001 E 39433

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. En route to University Hospital St., Ward) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: John J. Mattison

(a) RESIDENCE NO. ~~1305~~ 1428 N. Fulton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella N. Mattison

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	61	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sharpe & Dohme.

9 BIRTHPLACE (city or town):

(State or country) New York City.

PARENTS

10 NAME OF FATHER: Samuel Mattison

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: Mrs. Ella Mattison

(Address) ~~1305~~ 1428 N. Fulton Ave.

15 Filed 19 HAMPSON JONES, M.D. Registrar

Par.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Fellen, M. D. (Coroner)

11/21 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial Nov 22 19 28

20 UNDERTAKER: Wm J. Tuckner Sons ADDRESS N. York Pa.

tion should be carefully supplied. AGE should be stated EXACTLY. The space under this line is for OFFICIAL USE ONLY. Physicians should write plainly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 21 1928

Spec.—1-10-21—M&T—1500 Bks.

E 39434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39434

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3812 Norfolk Ave (St.) 5-6 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie Hellbach

(a) RESIDENCE NO. 3812 Norfolk Ave (St.) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Hellbach

6 DATE OF BIRTH (month, day, and year): Nov 6. 1855

7 AGE — Years: 73. Months: 0 Days: 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Hackwanbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Harry Hellbach

(Address): 3812 Norfolk Ave

15 Filed . 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug . 1928. to Nov 20 . 1928.

that I last saw h alive on Nov 20th . 1928.

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 10th

Was there an autopsy? Gall Stones.

What test confirmed diagnosis? by Examination

(Signed) A. C. Samuels, M. D.

(Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 23. 1928.

20 UNDERTAKER: Mr & Mrs. John W. Teufel & Son

ADDRESS: 801 W Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 21 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39435

CERTIFICATE OF DEATH

129 E 39435

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1210 Harford Ave ST. 10-14 WARD)

2—FULL NAME George W. Stewart

(a) RESIDENCE NO. 1210 Harford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laurenor Stewart

6 DATE OF BIRTH (month, day, and year) Nov 11, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ironing Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER George Stewart

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Emma Sear

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Mrs Laurenor Stewart
(Address) 1210 Harford Ave

15 Filed NOV 21 1928, 19
C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov 20, 1928, that I last saw her alive on Nov 20, 1928 and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) terminal Bronchial Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1070 Harford

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Baylon, M. D.

11/21, 1928 (Address) 7006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	11/23 1928
20 UNDERTAKER	ADDRESS
Fellows Cook	50 E. North Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E. Hall 1631 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39436

CERTIFICATE OF DEATH

101-001 V

E 39436

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1409 N. Central Ave ST., 9-18 WARD)

2—FULL NAME Frank C. Ewald

(a) RESIDENCE NO. 1409 N Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Ewald

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Ob

(c) Name of employer Clifton Upholstering Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Ewald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Knauff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant H. C. Ewald

(Address) 912 Eutaw Ave

15 Filed NOV 21 1928, C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19. 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 10 - 1928, to Nov 19 1928.

that I last saw him alive on Nov 19 1928

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) My ocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Nov 21. 1928 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	11 22 1928
UNDERTAKER W. M. Cook	ADDRESS 5212 Eutaw

important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 39437 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39437

CERTIFICATE OF DEATH.

30

1-PLACE OF DEATH 925 Ensor Ave REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore Md. ST.: 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Conrad Mathews

(a) RESIDENCE NO. 925 Ensor St. WARD. Balto - Md.
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July - 7 - 1902

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pressman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md.

PARENTS

10 NAME OF FATHER Conrad Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto - Md.

12 MAIDEN NAME OF MOTHER Christina Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Tina Mathews
(Address) 925 Ensor Ave.

15 Filed Nov 21 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov 19, 1928, that I last saw him alive on Nov 19, 1928, and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Actinomycosis

(duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 15, 1928

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) W. H. Cushard M. D.

Nov 20 1928 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL 11-23 1928

20 UNDERTAKER Stephen E. Recktenwald

ADDRESS 911 Ensor Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of the OPERATION is very important. See instructions on back of certificates.

NOV 21 1928

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39438

CERTIFICATE OF DEATH

154-002 L

E 39438

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2316 Cambridge St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Rachuba

(a) RESIDENCE NO. 2316 Cambridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26 1928

7 AGE Years Months Days 24 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER George Rachuba

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Grzeck

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.

(State or country)

14 Informant George Rachuba

(Address) 2316 Cambridge St.

15 Filed NOV 21 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to Nov 20 1928

that I last saw h[illegible] alive on 19

and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Trouble

25

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rawlett M. D.

Nov. 21 1928 (Address) 8 [illegible] Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: Nov. 22 1928

20 UNDERTAKER: John M. Weber — ADDRESS: [illegible] Chester

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Zanieski) (Zamnieweski) or Samet)

E 39439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 E 39439

1-PLACE OF DEATH Found in harbor at Foot of Broadway St. 2-4 Ward

City of BALTIMORE: (No.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Zanieski (or Samet)

(a) RESIDENCE NO. 806 S Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zanieski or Samet

6 DATE OF BIRTH (month, day, and year) about 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Sewer Depart

(c) Name of employer City

9 BIRTHPLACE (city or town) Poland

(State or country) unknown Zanieski or Samet

PARENTS

10 NAME OF FATHER unknown Zanieski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Maria Zajelska

(Address) 2563 S Dallas

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

NOV 21 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Gilson M. D. (Coroner)

11-21-1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary	Nov 22 1928

20 UNDERTAKER John M Walter & Sons ADDRESS Chester Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39440 — CERTIFICATE OF DEATH — 100-001 E 39440

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO. [redacted]

CITY OF BALTIMORE: (No. [redacted] ST., 13 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Zaslowski

(a) RESIDENCE NO. 15 So. Chester ST., WARD (If non-resident give city or town and State)
(Usual place of nbode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ded
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Peter
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant BALTIMORE CITY HOSPITALS [redacted]

15 Filed [redacted] 19 C. HAMPSON JONES, M. D. Registrar

V 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/28

17 I HEREBY CERTIFY, That I attended deceased from 7-18, 1928, to 11-18, 1928
that I last saw h(IM) alive on 11-18, 1928
and that death occurred, on the date stated above, at 12:40 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Makuvow Prostatectomy
Did an operation precede death? Yes Date of 8/11/28
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) John E. Moran, M. D.
[redacted] BALTIMORE CITY HOSPITALS
[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Nov	22 1928
20 UNDERTAKER	ADDRESS
John M. Weber	1012 Chester

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 E 39441

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. 9 WARD)

2-FULL NAME Baby Girl Russell

(a) RESIDENCE NO. Perryman, Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Newborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/20/28

7 AGE — Years — Months — Days — If LESS than 1 day 16 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Harry Russell

11 BIRTHPLACE OF FATHER (city or town) Perryman (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Hughes

13 BIRTHPLACE OF MOTHER (city or town) Lapidum (State or country) Md

14 Informant Harry Russell

(Address) Perryman, Md.

15 Filed V 21 1928 C. HAMPSON JONES, M. D. Registrar

Par .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/20, 1928, to 11/21, 1928,

that I last saw her alive on 11/21, 1928

and that death occurred, on the date stated above, at 8 45 A m

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. E. Buchman, Jr. M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stanford Co. Greenlea Cemetery — DATE OF BURIAL Nov 22 1928

20 UNDERTAKER Henry Lanning Sons — ADDRESS Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

E 39442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39442

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 361 N Gilmor ST. 15-27 (WARD)

2-FULL NAME Henry Hall

(a) RESIDENCE NO. 361 N Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Hall

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fidelity Storage

9 BIRTHPLACE (city or town) (State or country) St Marys Co

PARENTS

10 NAME OF FATHER Alex Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys

12 MAIDEN NAME OF MOTHER Henrietta Goss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co

14 Informant Cecelia Hall

(Address) 361 N Gilmor St.

15 FILED NOV 21 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/15 1927 to 11/21 1928.

that I last saw him alive on 11/20 1928

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Johns Hopkins

(Signed) David Frankel, M. D.

11/21 1928 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL Nov 23 1928

20 UNDERTAKER Clarence Eldridge — ADDRESS 364 N Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of case is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39443

CERTIFICATE OF DEATH.

100-002 E 39443

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 410 S Dallas St., 3-4 Ward)

2-FULL NAME Jos. Grubowski

(a) RESIDENCE NO. 410 S Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19-27

7 AGE — Years: 1 — Months: 1 — Days: 2 — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0-0

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Stephen Grubowski

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: A. Sobczynski

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Stephen Grubowski

(Address) 410 S Dallas St

15 Filed NOV 22 1928 — C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchites

(duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Nov 21 1928 (Signed) G E Wades M. D.

(Coroner)

, 19 (Address) 143 N. Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial: NOV 22 1928

20 UNDERTAKER: F W Ozazewski — ADDRESS: 1930 Eastern

NOV 22 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Poetzsch

E 39444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. S.W.Cor. Eager & Eden Sts 10-14 Ward)

2-FULL NAME Helena H. Poetzsch

(a) RESIDENCE NO. 1005 N. Central Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 25/1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.J.Youse Co

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry F. Poetzsch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie R. Huetlich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry F. Poetzsch

(Address) 1005 N. Central Ave

Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

Per Rock

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency (Mitral)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) X J. H. Cole, M. D. (Coroner)

18 (Address) 11/22/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cemetery Date of Burial Nov. 23' 1928

20 UNDERTAKER Henry Poetzsch Son ADDRESS 1301 E Eager St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

E 39445

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 E. Monument St. 11 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph D'Anna

(a) RESIDENCE NO. 2824 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa D'Anna

6 DATE OF BIRTH (month, day, and year) March 15th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio D'Anna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Santa Glorioso

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Salvatore Cimino

(Address) 600 S. Decker ave

15 Filed NOV 22 1928 CLAMPITT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 - 1928, to Nov. 20 1928, that I last saw h alive on Nov. 19 - 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Rectum & Sigmoid flexure of large bowel

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X-ray

(Signed) H Smith M. D.

11/21, 1928 (Address) 1300 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 11-23 1928

20 UNDERTAKER Geo J Ruth — ADDRESS 1735 Harford ave

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39446

CERTIFICATE OF DEATH.

90 ✓ E 39446

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3677 Ash St. St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Evans

(a) RESIDENCE NO. 3677 Ash St. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Evans

6 DATE OF BIRTH (month, day, and year) January 1, ~~1867~~ 1862 E.C.B.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
E.C.B. ~~67~~ 66		10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Section Hand

(b) General nature of industry, business, or establishment in which employed (or employer) Mt. Vernon -

(c) Name of employer Woodberry Mills

9 BIRTHPLACE (city or town)

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Edward Evans

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. W. H. Leaf

(Address) 3677 Ash St.

15 Filed NOV 22 1928

C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Nov. 8 (Signed) J. C. Bates M. D.

Nov 21, 19 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's (Hampden) Date of Burial Nov. 25 1928

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39447

CERTIFICATE OF DEATH.

89 E 39447

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Long

(a) RESIDENCE NO. 20 S. Arlington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Cummings

6 DATE OF BIRTH (month, day, and year) Unknown 1869

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.....min.
	59	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Boiler maker
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Long
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant John Long
(Address) 203 Augusta Ave

NOV 22 1928 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Angina-Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Charles Wade M. D.
(Coroner) 5 W Eager St
11/23, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial NOV 23 1928

20 UNDERTAKER John J Bowman & Son ADDRESS 90 Hollins St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 199 E 39448

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St., 19 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dorothy H. Schenk

(a) RESIDENCE NO. Joppa Road & 10th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Schenk

6 DATE OF BIRTH (month, day, and year) June 17, 1904.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 0-7

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Norman F. Snyder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Bertha E. Mahoney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Chas. Schenk

(Address) Joppa Rd.

Filed NOV 27 1925 C. HARRISON JONES, M. D. Registrar

Per ROM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Criminal Abortion - General Peritonitis & Septicemia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....mos. .....ds.

(Signed) Chas. H. Braithe M. D. (Coroner)

11/25 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Nov. 23 1925

20 UNDERTAKER Ellenoweth & Son ADDRESS 3615 Belmont Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73E 39449

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S Starwood Av ST.) 12-50 (WARD)

2-FULL NAME Stella Nelson

(a) RESIDENCE NO. 604 S Starwood Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 64 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): About 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	About 64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper for

(b) General nature of industry, business, or establishment in which employed (or employer): Miss Clara B.

(c) Name of employer: Benningham - (604 S Starwood)

9 BIRTHPLACE (city or town) (State or country): unknown Ohio

PARENTS

10 NAME OF FATHER: Jefferson Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Ohio

12 MAIDEN NAME OF MOTHER: Gertrude ??

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Ohio

14 Informant (Address): Miss Clara B Benningham (Friend) 604 S Starwood Av.

15 Filed NOV 22 1928 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1928.

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Nov. 20, 1928, that I last saw her alive on Nov. 20, 1928 and that death occurred, on the date stated above, at 12, P. m.

The CAUSE OF DEATH* was as follows:

Chronic Spinal muscular atrophy (duration) about 1 yr 4 mos ds.

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. G. Prentiss, M. D.

, 19 (Address) 634 G ormond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Nov 23 1928

20 UNDERTAKER: Stewart & Moore — ADDRESS: Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Burial Should Be Certified Suppose Any Attending Physician

Spec.—1-12-23—M&T—500 Blks.

E 39450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39450

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215-E. Oakdale ST., 27-53 WARD)

2-FULL NAME James Kemp Wysham

(a) RESIDENCE No. 215-E-Oakdale Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? 72 yrs. 4 mos. 6 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda N. Wysham

6 DATE OF BIRTH (month, day, and year) July-14-1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
72	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Importer of 045

(b) General nature of industry, business, or establishment in which employed (or employer): Willow Ware

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James K. Wysham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Jacqueline Foucher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ???? Virginia

14 Informant Mrs Wm. D. Conrad - (daughter)

(Address) 215-E-Oakdale Road.

15 Filed NOV 22 1928, 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Nov 17, 1928, that I last saw h alive on Nov 17, 1928, and that death occurred, on the date stated above, at Noon, 10 pm

The CAUSE OF DEATH* was as follows:

Dementia, uremia sclerosis

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) myocardial insuffa

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dorothy Street, M. D.

19 (Address) 7 Park ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: Nov 22 1928

20 UNDERTAKER: Stewart & Co. — ADDRESS: 108 W Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 22 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 39451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39451

CERTIFICATE OF DEATH

100-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 Jackson ST.) 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pearl L. Akers

(a) RESIDENCE NO. 1804 Jackson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	—

3a If married, widowed, or divorced HUSBAND of (or) WIFE of daughter

6 DATE OF BIRTH (month, day, and year) March 12 1925

7 AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	—	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Akers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Barbara Friedrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Barbara Akers

(Address) 1804 Jackson st

15 [illegible]

NOV 22 1928

H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928 to Nov 21, 1928

that I last saw h... alive on Nov 21, 1928

and that death occurred, on the date stated above, at 9 PM m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia

Primary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed H. F. Campbell, M. D.

Nov 23, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, A. A. Co. Md

DATE OF BURIAL Nov 23 1928

UNDERTAKER Charles L. Stevens

ADDRESS 1501 E. Fort Ave.

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39452

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3405 Hondawmin (ST.) (WARD) 15-61

2-FULL NAME Frank Leslie Smith

(a) RESIDENCE NO. 3405 Hondawmin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, ~~Widowed~~, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna H. Smith

6 DATE OF BIRTH (month, day, and year) Feb 11-1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
74	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Luther Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Marie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Mrs Edna H. Smith

(Address) 3405 Hondawmin Ave

15 File

NOV 22 1928 C. HAMPSON JONES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Nov 20, 1928

that I last saw him alive on Nov 20, 1928

and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

about (duration) 1 yrs 0 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

about (duration) 1 yrs 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed W. S. Nesbitt M. D.

Nov 21 1928 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery | DATE OF BURIAL Nov 23 1928

20 UNDERTAKER Lightner & Lore | ADDRESS 1723 W Lafayette Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39453 Reed

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164 E 39453

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1606 McCulloh St. (Ward) 4-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Reed

(a) RESIDENCE NO. 1606 McCulloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jame Reed

6 DATE OF BIRTH (month, day, and year): 8/54.

7 AGE: Years 69- Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Hoots

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/15/ 1928, to 11/20/ 1928, that I last saw her alive on 11/19/ 1928, and that death occurred, on the date stated above, at 8:30 P.m.

The CAUSE OF DEATH* was as follows: Senile dementia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Lee, M. D.

Nov 21 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Bessie Reed 1606 McCulloh St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 11/23/ 1928

UNDERTAKER: Mr. Geo. H. Holland

ADDRESS: 1631 Druid Hill

Filed NOV 22 1928

C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

39454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39454

BALTIMORE CITY HOSPITAL

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. 26-37 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Schaltenberg

(a) RESIDENCE NO. Leslie Ave & Tuppo Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Schaltenberg

6 DATE OF BIRTH (month, day, and year): April 9, 1902

7 AGE — Years: 26 — Months: 7 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: John Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wales

12 MAIDEN NAME OF MOTHER: Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: BALTIMORE CITY HOSPITALS
(Address)

15 [redacted]
Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-19-28

17 I HEREBY CERTIFY, That I attended deceased from 10-22, 1928, to 11-19, 1928, that I last saw her alive on 11-19, 1928 and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Appendectomy 10-22-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) John L. Horan M. D.

BALTIMORE CITY HOSPITALS

*State the [redacted] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Nov. 22 1928

20 UNDERTAKER: John G. Connolly — ADDRESS: Essex

important. See instructions on back of certificates.

NOV 22 1928 HAMILTON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39455

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 39455

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No.) 2501 Allendale Road ST., 15 WARD)

2—FULL NAME William Henry Killian

(a) RESIDENCE NO. 2501 Allendale Road ST., 15 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Killian

6 DATE OF BIRTH (month, day, and year) Mar. 27, 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinker O+S

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Killian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant J. Allan Killian

(Address) Poplar Drive

15 Filed NOV 22 1928 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928, to Nov. 21, 1928, that I last saw h[illegible] alive on Nov. 21, 1928 and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) J. A. T. Leipper, M. D.

Nov. 21, 1928 (Address) 2934 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Violetville Md — DATE OF BURIAL 11/23/1928

20 UNDERTAKER Geo. Weber & Son — ADDRESS 5503 Edmondson Ave

IF DEATH IS IN PARTICULARS, SO THAT IT MAY BE PROPERLY CLASSIFIED. IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Thurs. Nov. 22 2:30 P.M.

E 39456 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39456

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt. Genl Hosp. (Street) 21-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Briskman

(a) RESIDENCE NO. 4827 Pk. Hts Av. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6 DATE OF BIRTH (month, day, and year) Sept 15, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Trimming Shop

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Frank Briskman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital (Address)

15 Filed NOV 22 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1928, to Nov 21, 1928 that I last saw him alive on Nov 21, 1928 and that death occurred, on the date stated above, at 9:25 A.M.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy Benign

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Post Operative Lobar Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 16, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jay. Sarubin M. D.

11/21/1928 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 11/27/1928

UNDERTAKER Levinson & Bro ADDRESS 1127 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39457

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Washington ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Koch

(a) RESIDENCE NO. 815 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Koch

6 DATE OF BIRTH (month, day, and year) Dec 23/48

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER — Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret - - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.A.

14 Informant Mrs Lottie Willett

(Address) 815 N. Washington St.

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1928, to Nov 21, 1928, that I last saw her alive on Nov 20, 1928, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) Several days yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Witnessed

(Signed) M. K. Ingram M. D.

19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity - Cem

DATE OF BURIAL Nov 23/28

20 UNDERTAKER D. Philip Herring

ADDRESS 2016 Orleans St.

IMPORTANT. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified. Each statement of occupation is very

Cor.—12-9-25—A Co.—200 Bks.

E 39458 HEALTH DEPARTMENT—CITY OF BALTIMORE 188-103 E 39458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced at REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice E. Davis

(a) RESIDENCE NO. ~~Womans Hospital~~ St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) (Student)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua J. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Olivia Hayman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Wesley B. Davis (Bro)

(Address) 3757 -eswick Road

15 Filed NOV 22 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Nov 21 /28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac Skull & Chest Injuries
Struck by automobile at Wolfe & Monument Sts. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

11/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehaboth Date of Burial Nov 23 192 8

20 UNDERTAKER [signature] ADDRESS [illegible]

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39459 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 Ashland av St. 10-14 Ward) Registered No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Abernathy

(a) Residence No. 824 Ashland av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of married

6-DATE OF BIRTH (month, day and year) unk

7-AGE 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Huckster

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 45

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md

PARENTS

10-NAME OF FATHER, Mathew Abernathy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mary Abernathy

(Address) 824 Ashland av

15- Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-18-28

17- I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928 to Nov 18 1928 that I last saw h. alive on Nov 18 1928 and that death occurred, on the date stated above, at 7 45 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

Sudden (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edmond Goldspink M. D.

Nov 20 1928 (Address) 1612 E monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount DATE OF BURIAL. Nov 22 1928

20-UNDERTAKER. Mrs. R. G. Elliott ADDRESS 1725 E Baltimore

Should be carefully supplied. Age should be stated EXACTLY. Cause of death must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39460

CERTIFICATE OF DEATH.

117 E 39460

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1831 N. Mount St., 15-21 Ward)

2-FULL NAME Joseph C. King

(a) RESIDENCE NO. 1831 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 52 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker 084

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co (State or country): Md

PARENTS

10 NAME OF FATHER: Prince King

11 BIRTHPLACE OF FATHER (City or town): Calvert Co (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (City or town): Calvert Co (State or country): Md

14 Informant: Cassie King (Address) 914 Montford Ave

15 Filed NOV 22 1928 E. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 20th 1928

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) .....yrs. few hours

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) E. Leach, M. D.

(Coroner) Nov 20th 1928

(Address) 10th Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Date of Burial Nov 22 1928

20 UNDERTAKER: Virginia G Brooks ADDRESS 1463 N. Carey

If the information called for in this certificate is not known, indicate the fact by a dash (—). AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39461

1—PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 9-45 ST. WARD) 1 32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josie Castle

(a) RESIDENCE NO. Municksh Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) cant —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Munitink
(State or country)

PARENTS

10 NAME OF FATHER Jean Castle

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hospital Records.
(Address)

15 Filed ..., 19 C. HAMPSON JONES, M. D.
Registrar

V 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1920, to Nov. 20, 1928, that I last saw h... alive on Nov. 20, 1928 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ... yrs. ... mos. 1 5 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) M Lachman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Munitink — DATE OF BURIAL Nov 22 19 28

20 UNDERTAKER Lloyd Kann — ADDRESS Laurel Md

IMPORTANT. See instructions on back of certificates. DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

39462

HEALTH DEPARTMENT—CITY OF BALTIMORE

14-001

L 39462

CERTIFICATE OF DEATH.

REGISTERED NO. 71-53

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 Gladstone St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara M. Brown

(a) RESIDENCE NO. 705 Gladstone St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7. 1872

7 AGE — Years: 56 Months: 4 Days: 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER John B. Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Clara E. Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Walter C. Brown

(Address) 266 E. 34th St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

NOV 22 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy (autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Thomas M. D. (Coroner)

11/21, 1928 (Address) 7692 Rolandvue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Date of Burial Nov 22 1928

20 UNDERTAKER John Bouldin & Sons Graduates Inc. ADDRESS

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any error or omission should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39463

CERTIFICATE OF DEATH.

139 E 39463

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 15-56 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Rosenthal

(a) RESIDENCE NO. 2800 Rockrose Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Rosenthal

6 DATE OF BIRTH (month, day, and year) March 23-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isidore Benkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sylvia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Rosenthal

(Address) 2800 Rockrose Ave

Filed NOV 22 1926 THOMPSON JONES, M. D.

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 19 26, to Nov 21 19 26.

that I last saw h alive on Nov 21 19 26.

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema 2 minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? Yes Date of Nov 6

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hyman, M. D.

(Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 11/24 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Gal St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

John Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39464

CERTIFICATE OF DEATH.

31 E 39464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 ST. 14-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mitchell

(a) RESIDENCE NO. 220 N. Gilmor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1916 ? V. 21

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Fred Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Susie Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address)

15 Filed NOV 22 1920 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1920

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to Nov. 19, 1920,

that I last saw h alive on Nov. 19, 1920

and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY Hemorrhage
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Henry C Smith, M. D.

11-, 19- (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cemetery

DATE OF BURIAL Nov 22 1920

UNDERTAKER Mrs. Katie R Williams

ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39465

CERTIFICATE OF DEATH

90 E 39465

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? ST. 18-22 WARD)

2—FULL NAME Henry Baker

(a) RESIDENCE NO. 1056 N. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Wm Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased from 8-7-28, 19..., to 11-18, 1928, that I last saw him alive on 11-18, 1928 and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Cardiac Hypertrophy

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) H. M. Wieck M. D.

19 19... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 22 1928
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Hoffman

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1928 HARRY O'NEIL JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86-103

E 39466

CERTIFICATE OF DEATH.

E 39466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 15-21 Ward)

2-FULL NAME Charles W. Winkler

(a) RESIDENCE NO. 2006 McKean St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Winkler

6 DATE OF BIRTH (month, day, and year) ? ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Winkler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant A. Rupert (Sister)

(Address) 2006 McKean Ave

15 Filed NOV 22 1928 19 THEODORE A. JONES M. D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to fractured Skull, fractured rib rupturing of liver. Struck by auto truck (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D. (Coroner)

11/21 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Fraser St near Lombard

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Pen Lathena 11 23 1928

20 UNDERTAKER ADDRESS

W. M. Cole 502 E Madison

Spec.—2-29-28—L. F. S.—500 Bks.

Nov. 1500 St Paul.

E 39467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39467

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2125 N. Pulaski St. WARD) 15-54

2—FULL NAME Louisa Pauline Schoenstedt

(a) RESIDENCE NO. 2125 Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Frederick

6 DATE OF BIRTH (month, day, and year): April 2 1863

7 AGE — Years: 65 — Months: 6 — Days: 29 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Emma Harris

(Address) 2125 N Pulaski St

NOV 27 1928

15 [illegible] SIMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Nov 20, 1928, that I last saw h alive on Nov 19, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cardiac

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Wallace N White Jr. M. D.

11/21, 1928 (Address) 2000 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Nov 23 1928

DATE OF BURIAL

20 UNDERTAKER: Wm Cook — 502 [illegible]

ADDRESS

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 39468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 ✓
E 39468

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 258 W. Biddle St. 11-24 Ward)

2-FULL NAME Helen Nerckshagen

(a) RESIDENCE NO. 258 W. Biddle St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Otto C. Nerckshagen

6 DATE OF BIRTH (month, day, and year): Feby 26 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	69	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Wilmington

(State or country): Del

PARENTS

10 NAME OF FATHER: Jacob Stuck

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Fredericka Keller

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Germany

14 Informant: Otto C. Nerckshagen

(Address): 258 W. Biddle St

15 Filed _____ 19 _____ _____ Registrar

NOV 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Nov 22, 1928, that I last saw h.. alive on Nov 21, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhages

(duration) ~~yrs.~~ 4 mos. ds.

CONTRIBUTORY (Secondary): Cerebral Softening

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Edwin K. Ballard, M. D.

11-22 1928 (Address) 622 W. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Cem — Date of Burial: Nov 25 1928

20 UNDERTAKER: Jno J Tucker Sons — ADDRESS: Mt Lake

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39469 — 129 — E 39469

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 640 Gorsuch Ave. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jane Jackson

(a) RESIDENCE NO. 640 Gorsuch Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur N. Jackson

6 DATE OF BIRTH (month, day, and year): June 4, 1842

7 AGE — Years: 86 — Months: 5 — Days: 16 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Joseph W. Rayner

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Jane Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

11 Informant: Mr. Arthur N. Jackson

(Address) 640 Gorsuch Ave.

NOV 22 1928

HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1928, to Nov. 20, 1928, that I last saw h[illegible] alive on Nov. 20, 1928, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis

(duration) 9 yrs., mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke, M. D.

Nov. 21, 1928 (Address) 2a North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. John's Churchyard Balto — DATE OF BURIAL: Nov 22 1928

20 UNDERTAKER: Wm. J. Pickerel & Sons — ADDRESS: North & Pa

Spec.—1-12-23—M&T—500 Blks.

E 39470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39470

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Paige

(a) RESIDENCE No. 735 Roberts St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX White

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1928

7 AGE Years Months Days If LESS than 1 day 13 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Paige

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Ritchie

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Gutstein
(Address)

15 Filed

16 By C. HAMPSON JONES, M. D. Registrar

3984

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-12, 1928, to 11-13, 1928

that I last saw ~~him~~ alive on 11-13, 1928

and that death occurred, on the date stated above, at 1.00 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis - Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mrs. Gutstein, M. D.

11 21, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

NOV 22 1928

Commissioner Health

Per Wm. S. Russell

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 22 1928

Spec.—1-10-21—M&T—1500 Bks.

E 39471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39471

CERTIFICATE OF DEATH.

REGISTERED NO. 1601

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie May Johnson

(a) RESIDENCE No. 13 S. Broad ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ? hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle t

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 22 1928 G. HAMPSON JONES, M. D. Registrar

Per 2985 A&A

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-20-1928, to 11-20-1928,

that I last saw her alive on 11-20-1928,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumaturity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

11/21, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF ... 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

NOV 22 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK. This certificate should be filled out in accordance with the instructions given by the Department of Health. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

56-7-11 - Wm. H. Ring

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39472

CERTIFICATE OF DEATH.

REGISTERED NO. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 9-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kinn

(a) RESIDENCE NO. 803 E. 22nd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) X-9-72

7 AGE: Years 55 7/12 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Martin Ring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 20, 1928,

that I last saw her alive on Nov 20, 1928,

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (glioma)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 11/10/28 to 11/17/28

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) Clarence E. Gardner Jr., M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 11-23 1928

20 UNDERTAKER: Mary E. Winkfield

ADDRESS: 547 E. 22nd St.

NOV 22 1928

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39473

CERTIFICATE OF DEATH.

*170 E 39473

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Hospital St. 4-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Crook

(a) RESIDENCE NO. Jessups, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

9 BIRTHPLACE (city or town):
(State or country): Md.

PARENTS

10 NAME OF FATHER Chas. W. Crook

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Latchord

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Dr. T. W. Linthicum
(Address): Savage, Md.

NOV 22 1928

19 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun-shot wound of chest.
Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zabel, M. D.
(Coroner)

11/22 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?
Jessups, Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Found Md St Marys Cemetary — Date of Burial: 11/25 1928

20 UNDERTAKER: Elwood N. Fisher — ADDRESS: Found Md

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 39474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-007 V E 39474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6117 Birchwood Ave. Ward 27-41

2-FULL NAME Emma V. Gross

(a) RESIDENCE NO. 6117 Birchwood Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Gross

6 DATE OF BIRTH (month, day, and year): Jan. 25, 1870

7 AGE: Years 58 | Months 9 | Days 26 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John A. Johnston

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Hanna Torrence

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Scotland

14 Informant: George F. Gross

(Address): 6117 Birchwood Ave

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-21-28

17 I HEREBY CERTIFY, That I attended deceased from 11-20- 19 28, to 11-21- 19 28,

that I last saw h alive on 11-20 19 28,

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

2nd. Anaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Wm. Fox Test

11/24/28 Signed M. D.

192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial: 11/23 1928

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 14 W. Lexington St.

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 39475 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 39475

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore Eye Enst. (Ward) Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amy Welch

(a) RESIDENCE. No. 1025 Rice St. ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a If married, widowed, or divorced (or) WIFE of Emory Welch

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Estelle So. Carolina

PARENTS

10 NAME OF FATHER John Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Sally Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Estelle So. Carolina

14 Informant (Address) Rosie Bell (sister) 1025 Rice St

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

Per Alex

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8. 1928. to 11/19. 1928.

that I last saw her alive on 11/19. 1928.

and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:-

~~Septicemia~~

Bacteremia

(Staph. viridans) 9 days.

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Orbital abscess

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? yes Date of 11/19/28

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Joseph Heuslein, M. D.

. 19 (Address) 1408 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Estill S.C. DATE OF BURIAL 11/22 28

20 UNDERTAKER Samuel Heuseley ADDRESS 578 Baddle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Brown ✓

E 39476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39476

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 12-20 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Brown

(a) RESIDENCE No. 1727 Maryland ave. ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Lorette ? 11-18 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ..... 19..... Registrar .....

V 2 2 1928 C. HAMPSON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928, to Nov. 18, 1928,

that I last saw her alive on Nov. 18, 1928,

and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonic phthisis

(duration) ... yrs. ... mos 21 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leisy Germ

DATE OF BURIAL Nov 21 1928

20 UNDERTAKER Robt F Watkins

ADDRESS 1511 Mc Culloh St

mation should be carefully supplied. AGE should be stated in every case. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39477

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 39477

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE; (No. [redacted] ST., 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Felix Gowlouski

(a) RESIDENCE NO. 1733 Lancaster ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): not given

a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 59 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-20-28

17 I HEREBY CERTIFY, That I attended deceased from 9-17, 1925, to 11-20, 1928, that I last saw him alive on 11-20, 1928 and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) H. H. Slack, M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	11/22 19 28
20 UNDERTAKER: John J. Fahey Sons	ADDRESS 1318 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 22 1928

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

219287 39478 — 122 - 001 — 39478

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 27-43 (Ward)

2-FULL NAME Elizabeth Zurgable

(a) RESIDENCE No. 2005 E Hennrietta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John Zurgable

6 DATE OF BIRTH (month, day, and year): Feb 30th 1866

7 AGE — Years: 63 — Months: Dec — Days: 12 1 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES, M. D. Registrar

Per

V 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1928, to Nov 20, 1928,

that I last saw her alive on Nov 20, 1928,

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 7 mos 0 ds.

CONTRIBUTORY (Secondary): myocardial Failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes (P. M.)

(Signed) Sidney A Gladstone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 11-23 1928

20 UNDERTAKER: H. Browning Sons — ADDRESS 1136 Poplar Grove St

N. B.—WRITE PLAINLY, WITH INK OR TYPEWRITER. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Hks.

E 39479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39479

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick C. Clark

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Grace Donnelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St.

15 Filed NOV 22 1928, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1928

17 I HEREBY CERTIFY, That I attended deceased from 78 years old, 19 , to , 19 ,

that I last saw h alive on Nov 21 , 19 ,

and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. O'Brien, M. D.

Nov 22, 1928 (Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Nov. 23, 1928

20 UNDERTAKER Rita Winkelried ADDRESS 114 Fremont Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 22 1928

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39480

1003

159 E 39480

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1150 Ridgely St. (W) 21 26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Joseph Smullen

(a) RESIDENCE No. 1150 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-18-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walter Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Adam Keal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Wally Smith (Address) 1150 Ridgely St.

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-18, 1928, to 11-22, 1928

that I last saw h alive on 11-22, 1928

and that death occurred, on the date stated above, at 2:30 p m.

The CAUSE OF DEATH* was as follows:

Absence of Reaction

absorption Dyspnea Malaise

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary) Mal formation

(duration) yrs mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dam, M. D.

, 19 (Address) 1227 North Bel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdale Cem

DATE OF BURIAL: Nov. 23, 1928

20 UNDERTAKER: Cook & Cook

ADDRESS: 1003 N. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be careful to state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 22 1928

Par

Spec.—1-12-23—M&T—500 Bks.

E 39481 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39481

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 N Carey ST. 15-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henderson

(a) RESIDENCE NO. 1353 N Carey St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosanna Henderson

6 DATE OF BIRTH (month, day, and year): April 1860

7 AGE: Years 68 Months 7 April Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John W. Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Amanda Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Howard Franklin (Address) 1353 N Carey St

15 Filed NOV 22 1928 19 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible], to Nov 21 19 28, that I last saw h[illegible] alive on Nov 21 19 28, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Pul Tub (Initials)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum positive

(Signed) [illegible], M. D.

, 19 (Address) 227 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dunn Cemetery DATE OF BURIAL: Nov 25 28

UNDERTAKER: Emmett Lumpkin ADDRESS: 1364 Cary

mation should be carefully supplied. AGE should be stated EXACTLY. THIS SPACE MUST BE FILLED. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39482 E 39482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 24

CITY OF BALTIMORE: (No.) 1334 N Gilmor ST. 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Dyson

(a) RESIDENCE NO. 1334 N Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dyson

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE — Years: 72 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Joseph Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co

12 MAIDEN NAME OF MOTHER: Mary Gunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co

14 Informant: Hamp Dyson

(Address): 1334 N Gilmor St

15 Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar

Dat ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928, to Nov 21, 1928, that I last saw h[illegible] alive on Nov 21, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary): Acute Arterial Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E. Cleary, M. D.

(Address) 3214 Pudmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: St Johns Cemetery DATE OF BURIAL Nov 24 1928

UNDERTAKER: Gamse & Orndorff ADDRESS 864 N Carey St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

21 9 16 E 39483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39483

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Raczkowski

(a) RESIDENCE No. 1735 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 2-1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School ~~child~~ boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Andy Raczkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Bertha Koron

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Parents

(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES, M. D. Registrar.

Per

NOV 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov-18, 1928, to Nov-22, 1928, that I last saw him alive on Nov-22, 1928, and that death occurred, on the date stated above, at 10 35 A m.

The CAUSE OF DEATH* was as follows:

tetanus

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) ? dental extraction

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? 1735 Lancaster St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) James Bordley Jr M. D.

11-22, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: City Cemetery

DATE OF BURIAL: Nov 26 1928

20 UNDERTAKER: John M Weber

ADDRESS: 701 E Chase St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. DATA given on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39484

CERTIFICATE OF DEATH.

167-001 V

E 39484

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1269 Battery Ave. St. 9433 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gladys E. Jory.

(a) RESIDENCE NO. 1269 Battery Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed or divorced (or) WIFE of J. Gordon Jory.

6 DATE OF BIRTH (month, day, and year) May 10, 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William F. Broll

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Minna Gorsuch.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co. Md

14 Informant J. Gordon Jory. (husband)

(Address) 1269 Battery Ave.

15 Filed 19 C. HAMPSON JONES, M. D., Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Suicide while mentally deranged.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Colt Ferguson M. D.
(Coroner)

11/20 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial 11-23 1928

20 UNDERTAKER C. Howard Evans ADDRESS 35 E. Madison

F. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 22 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39485

CERTIFICATE OF DEATH.

1928 E 39485

24-23

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1269 Battery Ave. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mirian Eileen Jory

(a) RESIDENCE NO. 1269 Battery Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 14, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER J. Gordon Jory.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Gladys E. Broll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant J. Gordon Jory. (father)

(Address) 1269 Battery Ave.

NOV 22 1928

19 C. HAMPSON JONES, M. D.

Per ---------- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 November 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia. Homicide. Gas turned on by mother while mentally deranged, and who commited suicide. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. B. Kenlack M. D.

(Coroner)

11/20 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial Nov 23 1928

20 UNDERTAKER A. Howard Evans ADDRESS 8 E Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-13-21—E.B.R.S.—400 Bks.

E 39486 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2233 Pennsylvania ave. Ward) 3-59 Registered No. X90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Cassie Boulden

(a) Residence No... 2233 Pennsylvania ave. Ward mountain md
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James Boulden

6-DATE OF BIRTH (month, day and year) July 10, 1861

7-AGE. 67 yrs. 4 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)...
(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown.

11-BIRTHPLACE OF FATHER (city or town) (State or Country).

12-MAIDEN NAME OF MOTHER. Eliza Pearson.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant)... Frank Jenkins
(Address) 2233 Pennsylvania ave

15- Filed NOV 22 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 22, 1928

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 22, 1928, that I last saw h-e alive on Nov. 22, 1928, and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(Duration)... yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Pneumonia

(Duration)... yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Marco Williams, M. D.

11-22, 1928 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Co Mt Calvary cem

DATE OF BURIAL. Nov 25 1928

20-UNDERTAKER. Hemberger & Goos

ADDRESS Benson Md

NOV 22 1928

8.—WHITE PENCIL, WRITE ONLY. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39487

CERTIFICATE OF DEATH.

188-001

188 E 39487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 21-31 Ward)

2-FULL NAME William M. Tripp

(a) RESIDENCE NO. 1004 Briscoe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1917.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	11	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Nicholas Tripp.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Armsworthy.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant W. C. Brandt.

(Address) 1004 Briscoe St.

Filed NOV 23 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to crushing wounds of left thigh and right foot. Fell from W. B. & A. Electric train. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zellers, (Coroner) M. D.

11/22, 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Pratt St. near Greene.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial Nov 23 1928

20 UNDERTAKER W M Routson ADDRESS 2-18 N Gay

Spec—12-23-21—E.B.R.S.—400 Eks.

E 39488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 938 N Carrollton Ave St. 18-29 Ward)

Registered No. 29 E 39488

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora A. Hall

(a) Residence No. 938 N Carrollton Ave St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles C. Hall

6-DATE OF BIRTH (month, day and year) 6-17-1878

7-AGE. 50 yrs. 5 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), New Jersey.

PARENTS.

10-NAME OF FATHER, Mr. Hotelon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER, not Knowon.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), New Jersey

14- (Informant) Chas. C. Hall

(Address) 938 n corrollton ave

15- (Filed) NOV 23 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-22-28

17- I HEREBY CERTIFY, That I attended deceased from July 20th 1928 to November 22 1928 that I last saw h[illegible] alive on November 22 1928 and that death occurred, on the date stated above, at 12-40 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 5 mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? At hospital Complete diagnostic Examination and Bacteriological findings

(Signed) S. Bernheim Surg. M. D.

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Sunset N. J. DATE OF BURIAL, Nov 25 1928

20-UNDERTAKER, W. M. Roulson ADDRESS 2238 N Howard

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39489

CERTIFICATE OF DEATH.

188-103

E 39489

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 1005 N Calvert St. 11-15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Daniel J. Dunott

(a) RESIDENCE No 1005 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~mos~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Mrs Mary Dickinson Dunott

6 DATE OF BIRTH (month, day, and year) Feb 11th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas J. Dunott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pa

12 MAIDEN NAME OF MOTHER Elizabeth Zacahrias

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md

14 Informant Miss Fannie Huff (Address) 1005 N Calvert St

15 Filed ~~1923~~ 1923 C. HAMILTON JONES, M. D. Registrar

OV 231928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1923

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Grand Carcinoma Scrotum

Exc

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Nov 21, 1923 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem — DATE OF BURIAL Nov 23 1923

20 UNDERTAKER Henry H Jenkins & Sons Co — ADDRESS Eutaw and Lanvale Sts

Nation should be carefully supplied. Avoid using the terms DIARRHOEA, DYSENTERY, HEMORRHAGE, CONVULSIONS and PARALYSIS. They are symptoms only. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39490 44 E 39490

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E Preston ST., 1074 WARD)

2—FULL NAME Maria J. Pierce

(a) RESIDENCE NO. 715 E Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of William H. Pierce

6 DATE OF BIRTH (month, day, and year) Mar. 8 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	8	14	

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Alexander Kerr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Julia Eaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant James A. Pierce

(Address) 715 E. Preston St

15 Filed NOV 23 1928 HAROLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to Nov 22, 1928, that I last saw h[illegible] alive on Nov 22, 1928 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Winstead, M. D.

11-23, 1928 (Address) 1 St Paul & Preston Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bolts Cemetery DATE OF BURIAL Nov 24 28

20 UNDERTAKER A. S. Marshall ADDRESS 353 Fall Rd

mation should be carefully supplied. AGE should be stated EXACTLY. Illegible OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2195-47 E 39491 — 129 E 39491

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 7-13 WARD)

2-FULL NAME Sydney Eaton

(a) RESIDENCE NO. 1718 Ashland ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U. S. —

PARENTS

10 NAME OF FATHER John Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C. —

12 MAIDEN NAME OF MOTHER Mary Motton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Friends —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 23 1928, C. HAMPTON JONES, M. D. Registrar
BY .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1928 to Nov. 28 1928

that I last saw him alive on Nov. 26 1928

and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arteriosclerosis
Hypertension

(duration) yrs. >5 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Blood + urine exam.

(Signed) C. H. Brugg M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Nov. 29 1928
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39492 — 24-001 — E 39492

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N Carlton ST., 18 WARD) — REGISTERED NO. 18-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daisy Rose

(a) RESIDENCE NO. 116 N Carlton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col.	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno Rose

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 641

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Mary Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant Jno Rose

(Address) 116 N Carlton

15 Filed NOV 23 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22/28

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Nov 22, 1928, that I last saw h alive on Nov 21, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) Pul m. Oedema yrs. mos. 3 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nov 22/28 J J Howard M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 25 1928

20 UNDERTAKER: Mrs Kate R Williams — ADDRESS 322 N Arlington Ave

mation should be carefully supplied. AGE should be stated EXACTLY. If infants, number of days old is important. See instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39493 49 / E 39493

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2212 Rogers Ave ST. 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary O. Engel

(a) RESIDENCE NO. 2212 Rogers Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Engel

6 DATE OF BIRTH (month, day, and year) Sept. 19 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Abram Oppenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Einstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Jacob Engel

(Address) 2212 Rogers Ave.

15 Filed NOV 23 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Nov 23, 1928, that I last saw h. er alive on Nov 23, 1928 and that death occurred, on the date stated above, at 4 35 A. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma of Kidney ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Carcinoma of Lung

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? visual

(Signed) Jonas S. Mayer, M. D.

11/23, 1928 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	11/25/1928

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. Mt. Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39494

HEALTH DEPARTMENT—CITY OF BALTIMORE

172-001 E 39494

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME August Nagel

(a) RESIDENCE NO. 504 Belnord ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Nagel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Buchman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Records

(Address) BALTIMORE CITY HOSPITAL

Filed NOV 23 1928 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-15, 1928, to 11-20, 1928, that I last saw him alive on 11-20, 1928, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) R. M. Hoffa M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Nov. 23 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39495

CERTIFICATE OF DEATH.

170 ✓

E 39495

24-33

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Hopf

(a) RESIDENCE NO. 540 E. Clement St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 30/1902

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 2 3

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Rudolph Hopf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mollie Schaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address) 540 E. Clement St

Date NOV 23 1928 C. HAMILTON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage- Pistol shot wound in left temple

Suicide (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. Ed. Paul M. D.
(Coroner)

11/22/28 (Address) 508 E.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem't Date of Burial 11/24/28

20 UNDERTAKER Leo Lenhardt Sons ADDRESS 20 N. Gay St.

NOV 23 1928

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 39496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 39496

1-PLACE OF DEATH

City of BALTIMORE: (No. 2728 Riggs Ave St. 16-68 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Patrick Cassidy

(a) RESIDENCE NO. 2728 Riggs ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

3a If married, widowed, or divorced HUSBAND of (or WIFE of) Otelia Cassidy

6 DATE OF BIRTH (month, day, and year) Feb 28. 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Cigar Stores

9 BIRTHPLACE (city or town) Hoboken

(State or country) New Jersey.

PARENTS

10 NAME OF FATHER Thomas Cassidy.

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Ireland.

14 Informant Bertha Ehrlich

(Address) 2728 Riggs Av.

15 FILED NOV 23 1928 G. HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 21 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept - 24 - 1928, to November 21, 1928, that I last saw h~~im~~ alive on November 20, 1928, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chester Riland, M. D.

11-21-1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Nov 24 1928

20 UNDERTAKER George F. Rutt ADDRESS 1735 Hartford

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 39497

REGISTERED NO. E 39497

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 Harford Ave St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank D. Rogers

(a) RESIDENCE NO. 1311 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. dt. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy R. Rogers

6 DATE OF BIRTH (month, day, and year) Dec 13/1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	05	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage Prop.

(b) General nature of industry, business, or establishment in which employed (or employer) 56

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Geo. J. Rogers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wash., D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Wife

(Address) 1311 Harford Ave

Filed NOV 23 1928 C. HAMPSON JONES, M.D. Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cadio Vascular Disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. [illegible] M. D.

(Coroner)

11/23/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Nov 23 1928

20 UNDERTAKER Geo. F. Pratt ADDRESS 1735 Hayford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39498 E 39498

CERTIFICATE OF DEATH.

23

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caudem & Alve ST., 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Finigan ST

(a) RESIDENCE No. 1415 Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Singe

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 1. /27

7 AGE — Years: 1 — Months: — Days: 21 — If LESS than 1 day, hrs. or min.: 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Finigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Velma Muth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Velma M. Finigan

(Address) 1415 Federal St

15 Filed NOV 23 1928 C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1928, to nov 22, 1928, that I last saw h[illegible] alive on nov 22, 1928, and that death occurred, on the date stated above, at 2.25 Am.

The CAUSE OF DEATH* was as follows:

Encephalitis

about

(duration) yrs. 1/2 mos ds.

CONTRIBUTORY (Secondary) Pyaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) V. Messina, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 11/24, 1928

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39499

91-002
E 39499

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2429 E Madison St. 1-12 Ward)

2-FULL NAME John Kadlec

(a) RESIDENCE NO. 2429 E Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Kadlec

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 67; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of Industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joe Kadlec

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Hoffman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Austria

14 Informant: Frances Kadlec

(Address): 2429 E Madison

Filed NOV 23 1928 H. HAMILTON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 19 28

17 I HEREBY CERTIFY, That I attended deceased from March 19 28 to April 7th 19 28, that I last saw him alive on April 7th 19 28, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Jones, M. D.

April 19 28 (Address) 1501 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

Date of Burial: April 9 19 28

20 UNDERTAKER: Lud Cook Co

ADDRESS: Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39500

Troch

HEALTH DEPARTMENT—CITY OF BALTIMORE

32 E 39500

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST., 27-44 WARD

2-FULL NAME Frankie Troch

(a) RESIDENCE NO. 4311 Wilkshire Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 13 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Jan 27 27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Frank Troch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Mary Stanek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Frank Troch

(Address) 4311 Wilkshire Ave

15 Filed NOV 23 1928 H. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Nov. 22, 1928

that I last saw her alive on Nov. 22, 1928,

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

T B Meningitis

(duration) yrs. mos 1 6 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 26 1928
20 UNDERTAKER	ADDRESS
Frank Overton	Woodlawn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39501

CERTIFICATE OF DEATH.

167 001

E 39501

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George B. Mitchell

(a) RESIDENCE NO. 1203 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1860

7 AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Blocker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0

9 BIRTHPLACE (City or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER James Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant James N Taylor

(Address) 1203 E Chase St

15 Filed ..... 19 .....

PARKSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by Illuminating Gas Suicidal

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(signed) James M Fenlon M. D.

(Coroner)

11 22, 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1203 E Chase St " "

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — Date of Burial 11 24 1925

20 UNDERTAKER W M Cook — ADDRESS 507 E Lanvale

N.B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103

E 39502

REGISTERED NO. E 39502

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Hitchcock

(a) RESIDENCE NO. 1328 Homewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Hitchcock

6 DATE OF BIRTH (month, day, and year) Oct 12/1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Forest

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Heintz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Edward Pind

(Address) 1328 Homewood Ave

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Nov 21-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage
Frac. Base Skull- Struck by automobile Caroline St nr Hoffman.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cruse M. D.

(Coroner)

19 (Address) 11/22/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial 11-24-28 19

20 UNDERTAKER H. Cook ADDRESS 508 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 39503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39503

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 1410 N. Montford Ave ST.) 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Fink ~~Mayer~~

(a) RESIDENCE NO. 1410 N. Montford Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., If foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Fink

6 DATE OF BIRTH (month, day, and year) Oct 25/48

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. Heuser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Katherine Buckley

(Address) 1410 N. Montford Ave.

15 Filed NOV 23 1928 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21/28

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928 to Nov 20, 1928 that I last saw her alive on Nov 21, 1928 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

Decubitus Ulcers of Legs (Cystic)

(duration) 3 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

Pulmonary Edema (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm L Geyer, M. D.

19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spare.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL Nov. 24 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39504

CERTIFICATE OF DEATH.

E 39504

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 209 S. Dallas St. 3-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy Coffield

(a) RESIDENCE NO. 209 S Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah Coffield

6 DATE OF BIRTH (month, day, and year): Mar 12 1877

7 AGE — Years: 51 — Months: 8 — Days: 6 — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: Kennedy

9 BIRTHPLACE (city or town): South Carolina

(State or country)

PARENTS

10 NAME OF FATHER: James Coffield

11 BIRTHPLACE OF FATHER (city or town)

(State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Largie Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): South Carolina

14 Informant: Catherine Barnes

(Address) 210 S Chrodeal St

Filed Nov 23 1928, 19

By C. RAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

about

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

11 22 1928 (Address) 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Cemetery — Date of Burial: Nov 24 1928

20 UNDERTAKER: Edward Bryan — ADDRESS 628 Orleans St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39505

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 3704 Winterbourne Rd. REGISTERED NO. 1516

CITY OF BALTIMORE: (No.) 3704 Winterbourne Rd. (St.) 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Hampton Jenkins

(a) RESIDENCE NO. 3704 Winterbourne St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Cont yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 10, 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER unknowned

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. M. J. Rawe

(Address) 3704 Winterbourne Rd.

15 Filed 1-23-1928, 19 Registrar

C. HAMPSON JONES, Jr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 23, 1928, that I last saw him alive on Nov 22, 1928, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis avant (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Hulett, M. D.

Nov 23, 1928 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL Nov. 24 1928

20 UNDERTAKER H. A. Sharrer & Son ADDRESS Westminster Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39506 | 101-9 | E 39506

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1835 E. Naill Ave WARD) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Mary Utz

(a) RESIDENCE NO. 1835 E. Naill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced, (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29, 1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward F Utz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estella Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edward F Utz

(Address) 1835 E Naill Ave

15 Filed NOV 23 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1928, to Nov. 21, 1928, that I last saw her alive on Nov. 21, 1928 and that death occurred, on the date stated above, at 11 40 P. m.

The CAUSE OF DEATH* was as follows:

Solar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Edward Engelhardt, M. D.

Nov. 22, 1928 (Address) 1613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Nov 23 1928

20 UNDERTAKER: Robt F Turner Inc — ADDRESS 1427 Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1 12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 002

E 39507

CERTIFICATE OF DEATH.

E 39507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Morling ave ST., 13-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Haugh

(a) RESIDENCE NO. 1426 Morling ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 21, 28

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs or — min
Mew born	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas F Haugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ruth Talbot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Chas F Haugh

(Address) 1426 Morling ave

15 Filed NOV 23 1928 C. HAMILTON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 21, 1928,

that I last saw h[illegible] alive on Nov 21, 1928,

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows: Prolapsus funis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) Wm Sudbrink M. D.

11/21/28 (Address) 830 N 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Haugh — DATE OF BURIAL Nov 23 1928

20 UNDERTAKER Thomas Hon Chestnut ADDRESS 367

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39508

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 McHenry ST. 21-24 WARD)

2-FULL NAME Elizabeth A Williams

(a) RESIDENCE NO. 907 McHenry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Oct 7, 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Frank Williams

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ella Todd.

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Mary E Williams

(Address) 907 McHenry St

15 C. HARRISON JONES, M. D.

Registrar

NOV 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1928 to Nov. 22 1928, that I last saw her alive on Nov. 22 1928, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio-Pneumonia

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough.

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam

(Signed) J Thos Bratton M. D.

11/23/28 (Address) 888 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemy DATE OF BURIAL Nov 24 1928

20 UNDERTAKER H. Thos. Stalls ADDRESS 1200 W Lombard

C. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

39509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 39509

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Sec City Hospital St., 1-3 Ward)

2-FULL NAME Helen Malinowski

(a) RESIDENCE NO. 646 S Bellaire St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10 17 1912

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	16	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Bald md

PARENTS

10 NAME OF FATHER Vincent Malinowski

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Poland

12 MAIDEN NAME OF MOTHER Rosa Malkowska

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Germany

14 Informant Vincent Malinowski
(Address) 646 S Bellaire Ave

Filed NOV 29 1928 C. HAMPSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest May 24 1928 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
1 1a 2nd 3rd Burns over body, accident clothes caught fire while starting fire
(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

(Signed) James M Fenton M. D.
(Coroner)
5/29, 19 (Address) 720 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death _____ yrs., _____ mos., _____ ds. In the State _____ yrs., _____ mos., _____ ds.

Where was disease contracted, if not at place of death? 646 S Bellaire St

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial May 24 1928

20 UNDERTAKER Stephen Pikarowski ADDRESS 1 Edmondson Ave

NOTICE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39510

CERTIFICATE OF DEATH.

14-002

11-24 154

REGISTERED NO. E 39510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 N. Eutaw ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carmen

(a) RESIDENCE NO. 1022 N. Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov. 22, 1928

7 AGE — Years | Months | Days | If LESS than 1 day, 1 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Clinton E. Carman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Ruth Dankmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Clinton E. Carman 1022 N. Eutaw St.

15 Filed NOV 29 1928 C. HAMPSON JONES, M. D. Registrar

By Ruth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1928, to Nov 22, 1928;

that I last saw him alive on Nov 22, 1928

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature for Chi.

Tonus - lived about 1 hour

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Patent foramen ovale

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fernando C. Buchholz M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov. 23, 1928

20 UNDERTAKER: E. Leroy Stiffler — ADDRESS: 125 E. North Ave.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Marie Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 39511

REGISTERED NO.

1-PLACE OF DEATH E 39511

CITY OF BALTIMORE: (No.) ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Smith

(a) RESIDENCE NO. 1105 Thornsen st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Gordon Glenn

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Hattie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address) UNIVERSITY OF MARYLAND

15 Filed NOV 23 1928 19 2987 C. Hinson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928, to Nov. 19, 1928, that I last saw h er alive on Nov. 19, 1928, and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Pott's disease

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M. D.

11-19 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C. Hinson Jones, M. D. Commissioner of Health.

NOV 23 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39512 ✓ E 39512

CERTIFICATE OF DEATH

74-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William E. Norris

(a) RESIDENCE NO. 73rd ? ash ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Not given

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Joseph Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Friend

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-28

17 I HEREBY CERTIFY, That I attended deceased from 9-3 . 1926 . to 11-19 . 1928 .

that I last saw him alive on 11-19 . 1928

and that death occurred, on the date stated above, at 12:45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Arteriosclerosis; Hypertension (duration) yrs. mos. ? ds.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Hirsh, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

NOV 23 1928

NOV 23 1928 29986

H. LAWSON JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39513 X 48 ✓ X 48 39513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH So. Balt Gen. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1213 Eight St. ST., 24 WARD) 33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rivers Salter

(a) RESIDENCE NO. Lumberton No. Car. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records (Address)

15 Filed NOV 23 1928 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug-7 1926 to Nov 15 1928 that I last saw h[illegible] alive on Nov. 15 1928 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Haemorrhage Rupture of right femoral artery

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Secondarily infected Granuloma Inguinale

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? Lumberton N.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) So Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

UNDERTAKER Commissioner Health

ADDRESS

Per Wm E Woodall

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39514 E 39514

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. Rear 705 Druid Hill Ave St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith.

(a) RESIDENCE NO. Rear 705 Druid Hill Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Smith

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 60; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Shedrick Smith

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Sarah Smith

(Address): 705 Druid Hill

15 Filed....., 19.....

Registrar

NOV 23 1928

CORONER'S CERTIFICATE OF ~~DEATH~~

16 DATE OF DEATH (month, day, and year): Oct 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocardic Insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Leach M. D.

(Coroner) Oct 31 1928

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER

ADDRESS

HAMILTON JONES, M. D. Commissioner Health.

THE MORGUE

NOV 23 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39515

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 130 N Bond St. 3-4 Ward)

2-FULL NAME Clara E Evans

(a) RESIDENCE NO. 130 N Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): —

7 AGE — Years | Months: 2 | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) —

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) ?

14 Informant .....

(Address) .....

Filed NOV-23 1928 J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. — mos. — ds.

(Signed) J. C. Blades M. D.

(Coroner)

19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER: Commissioner Health ADDRESS

NOV 23 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39516

CERTIFICATE OF DEATH.

90 E 39516

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 Calhoun St., 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anderson

(a) RESIDENCE NO. — St. — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1090 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

15 C. HAMPSON JONES, M. D.

16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Contused~~ Valv-dis. mit

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

Nov 5 (Signed) M. D.

(Coroner)

, 192 (Address) 1117 Riley 637 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Commissioner of Health NOV 23 1928

NOV 23 1928 C. HAMPSON JONES, M. D.

FILED NOV 5 1928

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39517

CERTIFICATE OF DEATH.

66

E 39517

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 220 Pearl St. 4-25 Ward)

2-FULL NAME David Smith

(a) RESIDENCE NO. 220 Pearl St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Police Record

(Address)

Filed NOV 23 1928, 19____ C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Alcoholism

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Eugene Feller M. D.

(Coroner)

11/19, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ Date of Burial _____ 19

20 UNDERTAKER _____ ADDRESS _____

UNIVERSITY OF MARYLAND
Commissioner Health NOV 23 1928

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39518

CERTIFICATE OF DEATH.

161-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 783 W. Saratoga ST. (4-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McCutcheon

(a) RESIDENCE NO. 783 W. Saratoga ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/19/28

7 AGE — Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Hugh McCutcheon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dumbarton, S. Carolina

12 MAIDEN NAME OF MOTHER Madelene Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balt Md (State or country)

14 Informant (Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

NOV 23 1928 By 2956

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Nov 22, 1928,

that I last saw her alive on Nov 22, 1928,

and that death occurred, on the date stated above, at 3.00 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) McCurdy, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39519

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 27-44 WARD)

2-FULL NAME PETRONELE ELKINS

(a) RESIDENCE No. 4533 KESWICK AVE ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Elkins

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Stepenuskas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Eve Maculonis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14

Informant M. Elkins

(Address) 4533 Keswick Ave

15 C. HAMPSON JONES, M. D.

Registrar

NOV 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1927. to Nov. 22. 1928.. that I last saw her alive on Nov. 22. 1928.. and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolus

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? 4533 Keswick Rd.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchner, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 26 1928

20 UNDERTAKER: John Grebliauckas — ADDRESS: 4238 Pod

Spec.—1-12-23—M&T—500 Bks.

E 39520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1008 01 E 39520

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 N. Exeter ST. 5-8 (WARD)

2-FULL NAME Joseph S. Cubotta

(a) RESIDENCE NO. 306 N. Exeter ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Cubotta

6 DATE OF BIRTH (month, day, and year): Sept 7 1844

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Salvatore Cubotta

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Josephine Bontone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: S. Cubotta
(Address) 1401 E. Lombard

NOV 23 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 22, 1928

that I last saw him alive on Nov 22, 1928

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D. Di Stefano M. D.

Nov 23 1928 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cemetery — DATE OF BURIAL: 11-24-28

20 UNDERTAKER: Geo J. Ruth — ADDRESS: 1235 Hartford Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK. This certificate should be filled out in accordance with the instructions and information given on the other side. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 lks.

E 39521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39521

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. [redacted] ST., 14-20 WARD)

2—FULL NAME Clarence Bright

(a) RESIDENCE NO. 1706 Myrtle Ave ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) 0 70

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John W.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed OV 23 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to 11-21, 1928, that I last saw him alive on 11-21, 1928, and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - acute

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Laboratory

(Signed) H. M. Hurd, M. D.

BALTIMORE CITY HOSPITALS

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	11/24/1928
20 UNDERTAKER	ADDRESS
Mrs. Geo. H. Holland	1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39522 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90 E 39522

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2724 Western Ave ST. 90-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Marguerette Mitchell.

(a) RESIDENCE NO. 2724 Western Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr John Mitchell

6 DATE OF BIRTH (month, day, and year) Dec 10-1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Ed Spangenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Kerl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant John G Mitchell (Address) 2724 Western Ave

15 NOV 23 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 22, 1925, that I last saw h alive on Nov 22, 1925, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows

Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Carb Cardiac Valvular

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? Not Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) Harry Shannon, M. D.

Nov 23 1928 (Address) 2687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov-24 1928

20 UNDERTAKER Mrs - Mrs N S Finks — ADDRESS 2512 Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 39523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39523

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore General Hospital St.; 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Archibald Farrell

(Residence in Baltimore: No. 11 W. Chesapeake Ave St.; Towson Md. yrs. mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct Known (Month), 1 (Day) (Year)

7-AGE, 71 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Sinking Creek Va

PARENTS.

10-NAME OF FATHER, William J. Farrell

11-BIRTHPLACE OF FATHER (State or Country), Sinking Creek Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Farrell

(Address) 11 W. Chesapeake Towson Md.

15- Filed 1st. C. HAMPSON JONES, M. D. Registrar.

By

V 23 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23 (Month) (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1918, to Nov 23 1918, that I saw h alive on Nov 20 1918, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 15 yrs. mos. da.

(Signed) Frederick L. Reese M. D.

Nov 23, 1918. (Address) 1301 N Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sinking Creek Va

DATE OF BURIAL, Nov 25

20-UNDERTAKER John Burns Son

ADDRESS Towson

(1)—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39524

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-007 E 39524

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. East Ave ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Kanely (Kanely)

(a) RESIDENCE NO. 816 S. East Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Ash

6 DATE OF BIRTH (month, day, and year) Oct. 28 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lead Burner

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John A. Kanely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Catherin Keighley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Minnie Ash Kanely

(Address) 816 S. East Ave.

15 Filed NOV 23 1928, 19 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-18-, 19 28, to 11-21-, 19 28.

that I last saw him alive on Nov. 21, 19 28

and that death occurred, on the date stated above, at 6:45 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronuehas, M. D.

11-22-28, 19 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL Nov 24 19 28

20 UNDERTAKER John A. Mitchell & Sons

ADDRESS 1900 Eutaw St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39525

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1604 Mt Royal (Ward) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes M. Fisher

(a) RESIDENCE NO. 1604 Mt Royal St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 6 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W. Howard Fisher

6 DATE OF BIRTH (month, day, and year): May 17-1874

7 AGE — Years: 54 Months: 6 Days: 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country):

10 NAME OF FATHER: Fredk Moyran

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country):

12 MAIDEN NAME OF MOTHER: Priscilla Kinnard

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country):

PARENTS

14 Informant: Phillis Fisher

(Address): 1604 Mt Royal

15 Filed ..... 19 CHAMPION JONES, M. D.

Per ..... Registrar

NOV 23 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) H. Feinblatt M. D.

(Coroner)

Nov 23 (Address) North Ave & Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial Nov. 26 1928

20 UNDERTAKER: J. Edmondson & Sons ADDRESS 1900 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 39526

CERTIFICATE OF DEATH.

REGISTERED NO. E 39526

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4115 Penhurst Ave Ward 43-63

2-FULL NAME Jos. Landis.

(a) RESIDENCE NO. 4115 Penhurst St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Marie Landis

6 DATE OF BIRTH (month, day, and year): May 5 1865

7 AGE: Years 63 Months 6 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Camden N.J. (State or country)

PARENTS

10 NAME OF FATHER Jos. Landis

11 BIRTHPLACE OF FATHER (city or town) Pa (State or country)

12 MAIDEN NAME OF MOTHER Jane Cronie

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Ottilia Landis (Address) 4115 Penhurst Ave

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signature) J. C. Luck M. D.

(Coroner) North Boulevard (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arund Ridge Date of Burial Nov 24 1928

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS Cathedral

NOV 23 1928

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be carefully supplied.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97E 39527

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 15-27 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edna Bounds

(a) RESIDENCE NO. 1211 Fulton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Newton Bounds

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Leslie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Josephine Schaeffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Sydenham Hosp. Records

(Address)

15 Filed NOV 24 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Nov 23, 1928, that I last saw h[illegible] alive on Nov. 22, 1928 and that death occurred, on the date stated above, at 5:25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Tonsilitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Brain Abscess (of cerebello-pontine angle) (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy exam.

(Signed) S. Z. Lachman, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Ridge

DATE OF BURIAL 11/24 1928

20 UNDERTAKER [illegible]

ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39528

CERTIFICATE OF DEATH

90 E 39528

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3830 Resterstown Rd ST., 15-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME H. Gerald Scott

(a) RESIDENCE NO. 3830 Resterstown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wilson S Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie B Redmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Wilson S Scott

(Address) 3830 Resterstown Rd

15 Filed NOV 24 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per MRG

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to Nov 22, 1928

that I last saw him alive on Nov 20, 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, duration of Past

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Emmy, M. D.

(Address) 6 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 11 24 19 28

20 UNDERTAKER H. M. Cook

ADDRESS 522 Park Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39529

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 20-64 ST. 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Lauer

(a) RESIDENCE NO. 2674 Wilkens Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Lauer

6 DATE OF BIRTH (month, day, and year): Sept. 12, 1885

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Woodland & Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob Lauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md.

12 MAIDEN NAME OF MOTHER: Lydia Koker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

14 Informant: Mrs Bessie Lauer

(Address): 2674 Wilkens ave

15 Filed NOV 24 1928, 19

E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-23 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-22, 1928, to 11-23, 1928,

that I last saw h~~e~~r alive on 11-23, 1928

and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (left lower lobe) primary.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) Dunbolt M. Gibson, M. D.

11/23 1928 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Nov. 26 19 28

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 West Baltimore St

* B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39530

CERTIFICATE OF DEATH

1001

74 E 39530

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2613 Frederick Ave ST., 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) —

2—FULL NAME Frederick Sloatfield

(a) RESIDENCE NO. 2613 Frederick Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sloatfield

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher--Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Sloatfield

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mr. George H. Sloatfield
(Address) 2613 Frederick Ave.

15 Filed ..., 19.. C. HAMPSON JONES, M. D. Registrar

11 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23-28

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 19 28, to Nov 22, 19 28

that I last saw h... alive on Nov 22, 19 28

and that death occurred, on the date stated above, at 4:1 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

Nov 25 19 28 (Address) 2685 Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov. 26 19 28

20 UNDERTAKER Joseph D Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39531

CERTIFICATE OF DEATH

1—PLACE OF DEATH — Brooklyn — REGISTERED NO. 25-15-9

CITY OF BALTIMORE: (No. 3610 S. Second ST. — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Glas

(a) RESIDENCE NO. 3610 S. Second ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Glas

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Heironimus Glas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharina Fraunholtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna M. Glas

(Address) 3610 S. Second St.

15 Filed 24 1928, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/19, 1928, to 11/22, 1928, that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 24 1928

20 UNDERTAKER John F Denny — ADDRESS 715 E. Lt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Plaza Apt. (ST.) 14-20 (WARD)

REGISTERED NO. 65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshall Stitely

(a) RESIDENCE NO. Plaza apt. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 69 yrs. 7 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma M. K. Stitely

6 DATE OF BIRTH (month, day, and year): April 23 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
	69	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School-Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland.

PARENTS

10 NAME OF FATHER: John L. Stitely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredk. Co. Maryland

12 MAIDEN NAME OF MOTHER: Adaline Eyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredk. Co. Maryland

14 Informant: Mrs. Emma M. K. Stitely (wife)

(Address): Plaza apt.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

By ....

NOV 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6 1927, to Nov. 23 1928

that I last saw him alive on Nov. 22 1928

and that death occurred, on the date stated above, at 4 a m

The CAUSE OF DEATH* was as follows:

Chronic Lymphatic Leucemia —

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Chronic Malnutrition (duration) about 1 yr yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. of Blood

(Signed) Carroll Lockard, M. D.

Nov 23 1928 (Address) 4 S. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Nov 26 1928.
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co	Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2900 Kate Av. St. 15-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Amanda Rumsen

(a) RESIDENCE NO. 2900 Kate Av. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs 2 mos. 8 ds. How long in U. S., if of foreign birth? 73 yrs 2 mos. 8 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George N. Rumsen

6 DATE OF BIRTH (month, day, and year): Sept-14-1855

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
73	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: E. P. D. Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ann Arundel Co Maryland

12 MAIDEN NAME OF MOTHER: Amanda Trapell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant (Address): Mr. J. Newman Rumsen (son) 2900 Kate ave.

15 Filed 19 By HAMPSON JONES, M. D. Registrar.

V 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1928, to Nov 22, 1928, that I last saw h[illegible] alive on Nov 22, 1928 and that death occurred, on the date stated above, at 9 15 A m

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Myocarditis

(duration) yrs 3 mos — ds.

CONTRIBUTORY (Secondary): Oedema of lungs

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Friedmond, M. D.

11/23 1928 (Address) 1013 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 24 1928

20 UNDERTAKER: Stewart & Koren Co. — ADDRESS: Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1294 E 39534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Gaudner & Aisquith ST. 3-10 WARD)

2-FULL NAME John Landi

(a) RESIDENCE NO. 519 N. Rose St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dont know.

6 DATE OF BIRTH (month, day, and year) Jul 15 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

080

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Frank Landi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Volsino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Domenico Fasca

(Address) 601 N Rose St

15 NOV 24 1928 , 19 G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov 24, 1928, that I last saw him alive on Nov 24, 1928, and that death occurred, on the date stated above, at 1.40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Uremia

about (duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) V. Marina, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL Nov 26 1928

20 UNDERTAKER John Ulrich ADDRESS 20 E Eager

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145-003
145 E 39535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 14-20 Ward)

2-FULL NAME Mary Clark

(a) RESIDENCE NO. 1832 Druid Hill Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William Clark

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 31 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Walter Greenhard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Delia Gordener

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant William Clark

(Address) 1832 Druid Hill Ave

19 C. HAMILTON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage (Intraabdominal) (Rupture of uterus-Full term Pregnancy)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Gichner, M. D.

(Coroner)

(Address) 11/24/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem Date of Burial: Nov. 25 1928

20 UNDERTAKER: Robert W. Dukes ADDRESS 1515 McCulloh St

NOV 24 1928

B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39536 | 185 E 39536

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 Lambert St. 17-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Wheeler

(a) RESIDENCE NO. 528 Lambert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Coburn

6 DATE OF BIRTH (month, day and year): 1862

7 AGE — Years: 66 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): [illegible] Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Hall

11 BIRTHPLACE OF FATHER (city or town): [illegible] Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Hall

13 BIRTHPLACE OF MOTHER (city or town): [illegible] Co.

(State or country): Md.

14 Informant: Wm E. Wheeler

(Address): 528 Lambert St

15 Nov 24 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Fell down steps on her

Accident

(Duration) yrs. mos. ds.

(Signature) F. C. Leuth M. D.

(Coroner)

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.,..... ds. In the state yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death? 528 Lambert St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial: Nov. 24, 1928

20 UNDERTAKER: Thomas E. Kelemp ADDRESS: 303 [illegible]

NOV 24 1928

N.B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39537 E 39537

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO. 12-70

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edwin Cusky

(a) RESIDENCE NO. 1952 Hanson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 1927

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Vivian Cusky

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Sorrinus

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

11 Informant Mrs. Elizabeth Cusky

(Address) 1952 Hanson St.

15 Filed NOV 24 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23/28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Nov 23, 1928

that I last saw him alive on Nov. 23, 1928

and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho-)

(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What leal confirmed diagnosis?

(Signed) L Wallace K Swartzwelder M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	11/26 1928
20 UNDERTAKER Edward Toulson	ADDRESS 2309 Wash Blvd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39538

HEALTH DEPARTMENT—CITY OF BALTIMORE

434 E 39538

CERTIFICATE OF DEATH

1—PLACE OF DEATH **BALTIMORE CITY HOSPITALS** [redacted]

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis James

(a) RESIDENCE NO. 3665 Hunter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha May James

6 DATE OF BIRTH (month, day, and year) Dec. 9 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Charles James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant BALTIMORE CITY HOSPITALS

15 FILED [redacted], 19 C. EMMETT JONES, M. D. Registrar

V 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/28

17

I HEREBY CERTIFY, That I attended deceased from 11/12, 19 27, to 11/23, 19 28

that I last saw h[redacted] alive on 11/23, 19 28

and that death occurred, on the date stated above, at 2:20 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Floor of Stomach

Contributory (Secondary) Uncle yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? Yes Date of 11/23/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evd

(Signed) H. M. Stuck, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL Nov 26 1928

20 UNDERTAKER George W. Zinkan — ADDRESS 1737 E. Eager St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39539

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 431 Whitridge Ave. ST. 12-50 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ringelstein

(a) RESIDENCE NO. 431 Whitridge Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Ringelstein (nee Roser)

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	67		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Wood Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Pete Ringelstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Anna L. Ringelstein 431 Whitridge Ave.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

V 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1928 to Nov. 27 1928

that I last saw him alive on Nov. 22 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

and Acute Myocarditis

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Senile Trouble Type Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. H. Hitchcock M. D.

Nov. 29 1928 (Address) Mayfield Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 11/24/1928

20 UNDERTAKER Harry V. Witzke, 1538 Lombard — ADDRESS

21

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 39540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 01 E 39540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1925 Longwood ST., 15-67 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lucy E. Mouse

(a) RESIDENCE NO. 1925 Longwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Mouse

6 DATE OF BIRTH (month, day, and year) July 9 38

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
90	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Lysander Livingston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Moulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs E J Gummer

(Address) 1925 Longwood.

15 Filed ..... 19 ..... Registrar

V 24 1928

C. HAMILTON JOHNS, M. D. Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17th, 1928, to Nov. 22, 1928, that I last saw her alive on Nov. 22, 1928, and that death occurred, on the date stated above, at 3:35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) X yrs. X mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Nothing beyond sign & symptoms

(Signed) D. H. Hoffman M. D.

11/23 1928 (Address) 2500 Garrison Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Nov 27 1928

20 UNDERTAKER W M Moulton

ADDRESS 2238 W North

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-00 E 39541

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N Milton Ave. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Prinn

(a) RESIDENCE NO. 1126 N. Milton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Harold Prinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Myrtle Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Myrtle Montgomery

(Address) 1126 N. Milton Ave

Filed NOV 24 1928, 19 C. HAMPSON JONES, M. D. Registrar

Dat RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928 to Nov 22, 1928 that I last saw h alive on Nov 22 1928 and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 3 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross

(Signed) Ted Duncan M. D.

(Address) 600 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov 26 1928

UNDERTAKER Robt L Turner

ADDRESS 1442 N Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-00 E 39542

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anthony Laukartis

(a) RESIDENCE NO. 504 W Baire ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Presser

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Antonia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Friends (Address)

15 Filed NOV 24 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-28

17 I HEREBY CERTIFY, That I attended deceased (from 11-16, 1928, to 11-18, 1928, that I last saw him alive on 11-18, 1928, and that death occurred, on the date stated above, at 5 55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, right

CONTRIBUTORY (Secondary) Residual Hemiplegia, N. (duration) yrs. mos. 3 ds.

Arteriosclerosis & Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Exam

(Signed) C. Hampson Jones M. D.

19 , 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 11/24 1928

20 UNDERTAKER John J. Fahey Sons

ADDRESS 631 E Eight St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 39543

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1029 Hanover ST. (WARD) 23-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward C. Brady

(a) RESIDENCE NO. 1029 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May Brady

6 DATE OF BIRTH (month, day, and year): Dec. 10, 1885

7 AGE — Years: 42 | Months: 11 | Days: 11 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Simon Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Alice Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Alice Brady

(Address) 1029 Hanover St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Nov 21, 1928, that I last saw him alive on Nov 21, 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

almost 2 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No list

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) W W Wilkes, M. D.

19 (Address) 835 Eighth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 24 1928

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: 1411 Light St

OF DEATH in plain terms, so that it may be properly classified. Later statement of OCCUPATION is important. See instructions on back of certificates.

NOV 24 1928

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39544 E 39544

CERTIFICATE OF DEATH.

402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Dobson

(a) RESIDENCE NO. 617 Dolphin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Dobson

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor (Day)

(b) General nature of industry, business, or establishment in which employed (or employer) Warehouse

(c) Name of employer

9 BIRTHPLACE (city or town) Easton (State or country) Md

PARENTS

10 NAME OF FATHER Samuel G. Dobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Mary E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Clara Lewis (Address) 617 Dolphin St

15 Filed . 19 C. HA... Registrar

V 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-19 . 19 28 . to 11-22 . 19 28 .

that I last saw h... alive on 11-22 . 19 28

and that death occurred, on the date stated above, at 1 05 P m.

The CAUSE OF DEATH* was as follows:

Intussusception of bowel

Hydronephrosis

Glioma

(duration) about yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Harrison M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL Nov. 25 1928

20 UNDERTAKER Burrell & Locke

ADDRESS 1302 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39545

CERTIFICATE OF DEATH

90 E 39545

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 934 Harford Ave ST.) (WARD) 10-14

2—FULL NAME John. D. Rickerd

(a) RESIDENCE NO. 934 Harford Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. ds. — How long in U. S., if foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Rickerd

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.... min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman for

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R. R. 62

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs Mary Rickord

(Address) 934 Harford ave.

15 Filed NOV 24 1928 19 C. HARRISON JONES, M. D. Registrar

For ARA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928, to Nov 23, 1928, that I last saw h im alive on Nov 22 - 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis. (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas W Hubner M. D.

11/24 19 28 (Address) Mayfield on Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Nov. 26 1928

20 UNDERTAKER Henry Hoeck Sons — ADDRESS 1301 E Eager St

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION necessary in every case of DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

E 39546

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Stirling ST. 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Schubert

(a) RESIDENCE NO. 912 Stirling ST. 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if foreign birth? 21 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

a If married, widowed or divorced HUSBAND of ~~the late~~ ~~(or) WIFE of~~ Mary A. Schubert

6 DATE OF BIRTH (month, day, and year) Nov. 9 1841

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
87	—	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Adam Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant Mrs. Dora M. Petri

(Address) 912 Stirling St

15 Filed ..... 19 ..... Registrar

NOV 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from August 12. 1928. to November 24 1928.

that I last saw him alive on November 23. 1928

and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Toxemia, Exhaustion, cardiac failure, prostatitis Hernia, Senility

CONTRIBUTORY (Secondary) (duration) Chronic Cystitis yrs. — mos. 7 ds.

(duration) yrs. 3 mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) William F. Schwartz M. D.

11/24. 1928 (Address) 1200 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Nov 27 1928

20 UNDERTAKER: Henry Koch Son

ADDRESS: 1301 E Eager St

IMPORTANT—Fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39547

CERTIFICATE OF DEATH

118 E 39547

1—PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No.) ST., 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Norman Collins

(a) RESIDENCE NO. 5 N. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hosp. Record

(Address) Sydenham Hospital

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

N 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov 24, 1928, that I last saw h— alive on Nov 24, 1928 and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction Cause unknown)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None permitted

What test confirmed diagnosis?

(Signed) H. Engelmann, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	11/24 1928
20 UNDERTAKER	ADDRESS
Chas R Evans & Son	1180 W Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 39513

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 E. Greene St. 16-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ross

(a) RESIDENCE NO. 802 Edmondson Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Benj. Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Skinner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Benj. Ross. (Father).

(Address) 802 Edmondson Ave.,

15 Filed ..... 19 ..... Registrar

NOV 25 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Gilbert, M. D.
(Coroner)

11/22 1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 11/26 1928

20 UNDERTAKER Samuel Hemsley ADDRESS 578 N. Eutaw

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Hkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39549

CERTIFICATE OF DEATH.

203 X 186 E 39549

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. 24-33 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Harris.(C)

(a) RESIDENCE NO. Jacobsville A. A. Co. Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May -- 1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	6	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) O'H

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER James Harris.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Frances Boome.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md.

14 Informant James Harris (C) father.

(Address) Jacobsville A. A. Co. Md.

15 Filed NOV 25 1928 19 Harry Jones M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,
Jumped from a moving auto truck.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto L. Kimmel M. D.
(Coroner)

11/24 19 28 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Mt. Carmel Lake Shore Rd. B. C. Co. Md

Former or usual residence November 23, 1928

19 PLACE OF BURIAL, CREMATION OR REMOVAL Magothy Cem. Date of Burial 11/25 19 28

20 UNDERTAKER Samuel Hattersley ADDRESS 1128 Lib

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39550

CERTIFICATE OF DEATH.

11-09 39550

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Davey St. 14-K Ward)

2-FULL NAME Robt. Ashwood

(a) RESIDENCE No. 914 Davey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 D yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Ashwood

6 DATE OF BIRTH (month, day, and year): 1845

7 AGE: Years 90 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balt. md

PARENTS

10 NAME OF FATHER: William Ashwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. md

12 MAIDEN NAME OF MOTHER: Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. md

14 Informant: Lillie Ashwood

(Address): 914 Davey St.

15 Filed NOV 25 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22d 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/14, 1928, to 11 22d, 1928, that I last saw h[e] alive on 11 22d, 1928, and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Senile Decay

(duration) yrs. 7 mos. 71 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

11/24/28 (Address) 924 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 11/26 1928

20 UNDERTAKER: Samuel Stemsley

ADDRESS 378 W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39551

CERTIFICATE OF DEATH

101-001

E 39551

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE (Ward) 503 N. Biddle St. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elijah Bond

(a) RESIDENCE NO. 503 N. Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Mary (Bond)

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General

(b) General nature of industry, business, or establishment in which employed (or employer): Jobber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Montgomery Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Harriet Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Bond

(Address) 503 N. Biddle St

15 Filed NOV 25 1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22/28

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928 to Nov 22, 1928 that I last saw h alive on Nov. 21, 1928 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia (Bilateral)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. W. Kemp, M. D.

19 (Address) 1817 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL (CREMATION OR REMOVAL): Mt. Zion Cem. Montgomery

DATE OF BURIAL: 11/26 1928

20 UNDERTAKER: Emmett Stemley

ADDRESS 503 N. Biddle St

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 ✓

101 E 39552

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 Warehe ST., 4-16 WARD)

2-FULL NAME William Edward Thomas

(a) RESIDENCE NO. 742 Waeche ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Thomas

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Rufus Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jane Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Amelia Thomas

(Address): 742 Warehe St

15 Filed ..... 19 ..... Registrar

NOV 25 1928 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-18-1928 to 11-23-1928

that I last saw him alive on 11-22-1928

and that death occurred, on the date stated above, at 12:15 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis of heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. O. Thomas, M. D.

11-23-1928 (Address) Loonaulytica

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL 11-25-1928

20 UNDERTAKER: Samuel J Hemsley ADDRESS: 1132 Eden

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39553

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓

E 39553

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St., 3-5 Ward)

2-FULL NAME Louis Bressner

(a) RESIDENCE NO. 1121 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Hyman Bressner

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah ------

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Russia

14 Informant Hyman Bressner (Father)

(Address) 1121 E. Pratt St.

15 Filed G. HAMPSON JONES, M. D. Registrar

NOV 25 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23rd 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asprration Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Lrrhally Acidiosis Vomitting from the same

(duration) .....yrs. .....mos. .....ds.

(Signed) James M. Fenton (Coroner) M. D.

11-24-1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs., 7 mos. 8 dys. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? 1121 E Pratt St

Former or usual residence 1121 E Pratt St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 11/25 1925

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto X

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39554

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Castle St. 6-9 WARD)

2-FULL NAME Edward Weaver.

(a) RESIDENCE NO. 120 n. Castle St ..ST., ..WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Mattie Weaver.

6 DATE OF BIRTH (month, day, and year) May 15 ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	6.	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Edward Co Va.

PARENTS

10 NAME OF FATHER Dick Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wife (Address) 120 N Castle St

15 Filed NOV 25 1928 Registrar

16 Registered by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928 to Nov 22 1928 that I last saw him alive on Nov 22 1928 and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Examination

(Signed) Calvin B. Le Compte M.D.

1928 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 11 25 1928

20 UNDERTAKER Byron's Funeral Home

ADDRESS 218 N Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39555

CERTIFICATE OF DEATH.

90 E 39555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Sterling ST. 5-8 WARD)

2-FULL NAME Mary Osborne

(a) RESIDENCE NO. 636 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Ont

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Samuel Osborne

(Address) 272 N. Exeter St

15 Filed NOV 25 1928

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 23 1928

that I last saw h alive on Nov 22, 1928

and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. Kreuzer M. D.

Nov 24, 1928 (Address) North Ave & Ons

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 11-26 1928

20 UNDERTAKER: Byron Wright ADDRESS: 1218 McCulloh St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39556

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Mulberry St 6-9 WARD)

2-FULL NAME Annie Ferguson

(a) RESIDENCE No. 1509 Mulberry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Ferguson

6 DATE OF BIRTH (month, day, and year) Dec 9 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo Ruger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Fuges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Johns Ferguson

(Address) 1509 Mulberry St

NOV 25 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1928 to Nov 22 1928 that I last saw her alive on Nov 22 1928 and that death occurred, on the date stated above, at 6.30 P m

The CAUSE OF DEATH* was as follows:

Cardiac Renal

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Lawson Johns, M. D.

11-23-28 (Address) 508 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 11-25 1928

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39557

CERTIFICATE OF DEATH.

90 E 39557

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Mem Hosp St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabina Byrne.

(a) RESIDENCE NO. 305 E. 28th. St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Byrne.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland.

PARENTS

10 NAME OF FATHER James Daire

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Brennan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Rose Murray

(Address) 305 E. 28th. St.

Filed 19 C. HAMILTON JONES, M. D. Registrar

OV 251928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 24th. 29- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) & Pneumonia

(duration) yrs. mos. ds.

Nov 24/28 (Signed) G. E. Gaddes M. D.

19 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial Nov. 26th. 1928.

20 UNDERTAKER Chas. R. Wade & Son ADDRESS 118 W. Mt. Royal Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39558

CERTIFICATE OF DEATH

49 E 39558

1—PLACE OF DEATH

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 3424 Holmes Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert Bernard Jacob

(a) RESIDENCE NO. 3424 Holmes Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Aaron Jacob

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Slusky

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Father

(Address) 3424 Holmes Ave

15 Filed NOV 25 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24th, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1928, to Nov 24th, 1928, that I last saw h. alive on Nov. 24th, 1928 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebellar Neoplasm

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1/2 hour

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Sept 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex A Isenstein M. D.

11/24/1928 (Address) 713 Arunah St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem	11/25/1928
20 UNDERTAKER	ADDRESS
Baird Sondheim	18-20 W. Mt. Royal Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39559

CERTIFICATE OF DEATH

11-001 V

E 39559

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Burgundy ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harrison Banks

(a) RESIDENCE NO. 608 Burgundy ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Commission Merchant

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John F Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Pinkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jessie Banks

(Address) 608 Burgundy St

15 Filed NOV 25 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-28

17 I HEREBY CERTIFY, That I attended deceased from 11-18-28, to 11-22-28

that I last saw him alive on 11-22-28

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) DCS Postcaval Type

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

11-25-28 (Address) 608 Shaft St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 11/25 1928

20 UNDERTAKER Walter B Spriggs

ADDRESS 1322 W. Hamburg Street

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39560

CERTIFICATE OF DEATH.

90 E 39560

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Whitridge Ave 7-50 WARD)

2-FULL NAME Mary A. Burns.

(a) RESIDENCE No. 1413 Whitridge Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Burns. 1858

6 DATE OF BIRTH (month, day, and year) Aug 6 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Deisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Thomas J. Burns. 1413 Whitridge Ave

15 Filed JUL 25 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 25, 1928

that I last saw h[illegible] alive on July 25, 1928

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH was as follows:

1st Pulmonary — Myocarditis — Chronic Nephritis

(duration) about 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Embolism

(duration) 2 or 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Physical

(Signed) [illegible] M. D.

, 19 (Address) 724 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Holy Redeemer Cemetery	Nov. 26 1928
20 UNDERTAKER	ADDRESS
Edward W. Conklin	924 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39561

CERTIFICATE OF DEATH.

45E 39561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 624 N. Linwood ave ST., 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brownley

(a) RESIDENCE No. 624 N Linwood ave ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Brownley

6 DATE OF BIRTH (month, day, and year): Nov 12 1865

7 AGE: Years 63 Months 0 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Con. Laborer

(c) Name of employer: Continental Con Co

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Larkin Cobb Brownley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Melvina Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Alonzo Tower (Address): 2329 E Lanvale

15 Filed NOV 25 1928 Thomas JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Nov 28, 1928, that I last saw him alive on Nov 23, 1928, and that death occurred, on the date stated above, at 330 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Intestines

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. L. Long, M. D.

11/29 1928 (Address) 2711 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Nov 27 28

20 UNDERTAKER: M. W. E. Dippel Inc — ADDRESS: 31 Lamb

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39562

CERTIFICATE OF DEATH.

45 E 39562

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) ST 19-28 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Mc. Donald.

(a) RESIDENCE NO... 113 S Monroe St. WARD St Josephs Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Mc Donald.

6 DATE OF BIRTH (month, day, and year) May 1 1865

7 AGE: Years 63 Months 6 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Patrick Reilley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Monahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mr Stanley 113 S Monroe St

15 Filed NOV 25 1928 HARRISON JONES, M. D. Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 23 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-20, 1928, to 11-23, 1928, that I last saw h[illegible] alive on 11-23-9[illegible] 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Pneumonia (lobar)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cancer (Sigmoid colon)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11-12-28

Was there an autopsy? yes no

What test confirmed diagnosis? Microscope

(Signed) Nicholas P. Donella A. B., M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincents DATE OF BURIAL Nov 26 1928

20 UNDERTAKER M. W. E Duffy ADDRESS 87 S Canal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39563

CERTIFICATE OF DEATH.

49 E 395563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 N. Broadway (St.) 9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-FULL NAME Wolf Wm. Weinstein

(a) RESIDENCE NO. 300 N. Broadway (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE — Years: 50 — Months: — — Days: — — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): O'n's

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Mendle Weinstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rose Weinstein

(Address) 300 N Broadway

15 Registered 11/25 1928 HAMILTON JONES, M. D. Registrar

by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-24-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov 24, 1928, that I last saw him alive on Nov 24, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Bornstein, M. D.

11/25, 1928 (Address) 733 Wyndhurst St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisterstown Rosedale — DATE OF BURIAL: 11/25 1928

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS: 112 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 25 1928

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39564

CERTIFICATE OF DEATH.

101-001 V

101 E 39564

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Belt St. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Guy Triggs

(Residence in Baltimore: No. 1818 Belt Street; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-~~SINGLE~~ MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) married

6-DATE OF BIRTH. Dec. 11 (Month), [illegible] (Day), 1900 (Year)

7-AGE. 27 yrs. 11 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipfitter 823
(b) General nature of industry, business, or establishment in which employed (or employer): Triggs Tanks Co

9-BIRTHPLACE. (State or Country). Martinsburg W. Va.

PARENTS.

10-NAME OF FATHER. Charles Triggs

11-BIRTHPLACE OF FATHER. (State or Country) Martinsburg W. Va.

12-MAIDEN NAME OF MOTHER. Ethel Hughes

13-BIRTHPLACE OF MOTHER. (State or Country) Martinsburg, Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ethel Triggs

(Address) 1818 Belt St.

15-Filed NOV 25 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 24th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19th 1926, to Nov 24 1926; that I saw him alive on Nov 23rd 1926; and that death occurred, on the date stated above, at 8:30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation
Lobar Pneumonia

(Duration) yrs. mos. 7 days

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 4 days

(Signed) Frank S Hundley M. D.

Nov. 24 1926 (Address) 2512 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 17 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Redmon Cem Martinsburg W Va

DATE OF BURIAL. Nov 28 1926

20-UNDERTAKER Chas L Stevens

ADDRESS 1501 E Fort Ave

IMPORTANT. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39565

CERTIFICATE OF DEATH.

90 E 39565

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 D.I.V. Ave St. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aquilla Buchanan

(a) RESIDENCE NO. 1710 D.I.V. Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dandelion Buch

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Quarter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Martha Stokes

(Address) 1710 D.I.V. Ave

C. HAMILTON JONES, M. D.

Registrar

NOV 25 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from July 18th 1928 to Nov. 22 1928

I last saw him alive on Nov 18th 1928

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Claybrook, M. D.

(Address) 924 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Nov 26 1928

20 UNDERTAKER James E. Wright ADDRESS 1644 N. Carey

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 39566

~~E~~ 39566

1-PLACE OF DEATH Womens Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 27-53 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Jeffrey (Twin #1)

(a) RESIDENCE No. 5200 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 1 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 23 - 1928

7 AGE — Years — Months 1 Day If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) —

PARENTS

10 NAME OF FATHER Lewis Jeffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Caplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mother

DEC 25 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov 24, 1928, that I last saw him alive on Nov 24, 1928, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Immaturity

Prematurity - 7-8 lunar months

(duration) ✓ yrs. ✓ mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) John G. Murray Jr. M. D.

(Address) 9 East Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fstew Herring Run DATE OF BURIAL 11-25-1928

20 UNDERTAKER Jack Lewis, ADDRESS 1439 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39567

CERTIFICATE OF DEATH.

11-24-28

REGISTERED NO. E 39567

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 714 Madison Ave ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Cowman

(a) RESIDENCE NO. 714 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? 76 yrs. 10 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline West Cowman

6 DATE OF BIRTH (month, day, and year): January 23 1852

7 AGE — Years: 76 Months: 10 Days: 1 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): Groceries

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward Cowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Sarah Cowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant (Address): Mrs Caroline W. Cowman (wife) 714 Madison Ave

15 Filed DEC 3 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18th. 1928. to Nov. 24th 1928. that I last saw him alive on Nov. 23rd. 1928 and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

at least (duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No, Date of X

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eldridge C. Price, M. D.

, 19 (Address) 1705 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Burying Ground

DATE OF BURIAL: Nov 26 1928.

20 UNDERTAKER: Stewart & Howen Co

ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 39568

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 W. North Av. (ST.) 13-20 (WARD)

2-FULL NAME Laura Cristianna Thomas

(a) RESIDENCE NO. 704 W. North Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs — mos. — ds. How long in U. S., if of foreign birth? 74 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Thomas

6 DATE OF BIRTH (month, day, and year): Oct - 1854

7 AGE — Years: 74 — Months: — 1 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Jacob Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Cristianna Haller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant (Address): Mrs. Wm. C. Saunders (Sister in law) 502 Linden ave.

15 Filed NOV 25 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1928, to Nov 24th, 1928, that I last saw h[illegible] alive on Nov 23rd, 1928, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas L Shears, M. D.

Nov. 25, 1928 (Address) 905 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Nov 27 1928.

20 UNDERTAKER: Stewart & Mann | ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 39569 E. 39569.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 480 Homer Av ST. 27-5 (WARD)

2-FULL NAME. Frances Edw. Tolzauer

(a) RESIDENCE. No. 480 Homer Av ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank L.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary A Kulsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mrs Jennie Bryant

(Address) Brother 2480 Homer Av

15 Filed 1928 JONES, H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Nov 22 1928

that I last saw he alive on Nov 22 1928

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Bulen M. D.

. 19 (Address) 4754 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Nov 26/28

20 UNDERTAKER Lloyd Kaiser

ADDRESS Lauel Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39570

CERTIFICATE OF DEATH.

31 39570

E 39570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (S. T. B.) 1252 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Spence

(a) RESIDENCE No. 3127 Cedar ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Spence

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Kritzer

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Cullen

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed NOV 26 1928 W. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1928, to Nov. 23, 1928, that I last saw her alive on Nov. 23, 1928, and that death occurred, on the date stated above, at 8.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) Henry C. Smith, M. D.

11-23-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Nov 26 19 28

20 UNDERTAKER Edmondson Bros. ADDRESS 3617 Eastern Ave

TION is very important See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 39877

CERTIFICATE OF DEATH.

E 39571

REGISTERED NO. E 39571

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 13-½ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Haugh

(a) RESIDENCE NO. 1420 Morling Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Chas F Haugh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Alport

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Haller M. D.

(Coroner)

11/25/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial Nov 26, 28

20 UNDERTAKER Chenoweth & Son ADDRESS 3617 Chestnut Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1928

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39572

CERTIFICATE OF DEATH

78 39572

E 39572

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Wright

(a) RESIDENCE NO. 620 Dumbarton Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced-

6 DATE OF BIRTH (month, day, and year): June 12 1900.

7 AGE: Years 28 Months 5 Days 21. IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Andrew J Wright

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Andrew J Wright

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER: Helen T Forsuch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant: Andrew J. Wright

(Address) 620 Dumbarton Ave

15 Filed. C. HAMPSON JONES, M. D., Registrar.

Per

V 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/3/28, 19..., to 11/23/28, 19..., that I last saw h.. alive on 11/23/28, 19..., and that death occurred, on the date stated above, at 5.25 P.M.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) J S Woodhead M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial Nov. 26 1928

20 UNDERTAKER: Mary M. Wadefield — ADDRESS 501 E. 25th

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, give its NAME instead of street and number. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39573

CERTIFICATE OF DEATH.

188-103 ✓

E 39573

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 2-4 Ward)

2-FULL NAME James H Coots

(a) RESIDENCE NO. Mission House South St. Broadway Ward

(Usual place of abode)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Coots

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Card Setters

(b) General nature of industry, business, or establishment in which employed (or employer) Tinsmith 6

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Coots

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Emma Forspring

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant W. E. Coots

(Address) Star City W. Va

15 Filed 1925 C. HAMILTON JONES, M. D. Registrar

Per

NOV 25 19

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1925

17 I HEREBY CERTIFY, That I held (Inquest, autopsy or inquiry.) of the remains described above, held an Investigation

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism following what was reported shortly Injuries for Hit by Auto

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Gentom M. D.
(Coroner)

11 25, 1925 (Address) 700 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Balto City Hos yrs., mos. 3 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Preston & Eden Sts

Former or usual residence Mission House

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meyerdale Pa Date of Burial Nov 27 1925

20 UNDERTAKER A. Jones ADDRESS 111 S. Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39574

CERTIFICATE OF DEATH.

59 E 39574

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Genl. Hospital St., 15-66 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elaine Herlehein

(a) Residence No. 2137 Mt Holly St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov. 24/28

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 30 hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edwin W. Herlehein

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Estelle Schmehl

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Hosp. Record

(Address)

15- Filed NOV 26 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-24/28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928 to Nov 24 1928 that I last saw h[illegible] alive on Nov 24 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prolonged labor, lived about ½ hour. The baby had a Spinal Bifida —

(Duration) yrs. mos. ½ hr

CONTRIBUTORY (Secondary) Weakness, Could make it breath properly 30 min

(Duration) yrs. mos.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Chas H Turbert M. D.

Nov 26, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, St Pauls Date of Burial, Nov 26 1928

20-UNDERTAKER, Thos Cascay Robt ADDRESS 2337 Edmondson Ave

instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

REGISTERED NO. E 39575

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Tucker Ave. ST. 28-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Tucker

(a) RESIDENCE NO. 2300 Tucker Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E. Tucker

6 DATE OF BIRTH (month, day, and year) July 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Otho Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Hipsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Elizabeth E. Tucker

(Address) 2300 Tucker Ave.

15 Filed NOV 26 1928 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Augl, 1928, to Nov. 23, 1928, that I last saw him alive on Nov 22, 1928, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Abaut 5
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis
abaut 5
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) W S Kibatt M.D.

Nov 24-28, 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Good Shepherd Cemetery — DATE OF BURIAL Nov. 26, 1928

20 UNDERTAKER John A. Denny — ADDRESS 715 Light St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Reichard 3241 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39576

CERTIFICATE OF DEATH

21-001

E 39576

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3603 Chestnut Ave ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Dellinger

(a) RESIDENCE NO. 3603 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Albert C Dellinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edna Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dale Md

14 Informant Albert Dellinger

(Address) 3603 Chestnut Ave

15 Filed NOV 26 1928 BRAXTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Nov 24, 1928

that I last saw him alive on Nov 24, 1928

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH was as follows:

Acute Pneumonia

About 8 hours

(duration)

CONTRIBUTORY (Secondary)

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H E Reichard, M. D.

11/25, 1928 (Address) 3201 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cat Cem

DATE OF BURIAL 11 26 1928

20 UNDERTAKER

ADDRESS

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39577

CERTIFICATE OF DEATH.

× 86 E 39577

1-PLACE OF DEATH West Baltimore General. (167)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Mr. David C. Stout.

(a) RESIDENCE NO. Woodlawn, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Stout

6 DATE OF BIRTH (month, day, and year) May 7, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	45	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Md

PARENTS

10 NAME OF FATHER [illegible] Stout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Stout

(Address) 2432 E. Monument St.

15 Filed NOV 26 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Nov 25, 1928, that I last saw him alive on Nov. 25, 1928 and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Septic Meningitis.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical and Autopsy

(Signed) Paul Schenker, M. D.

11/25 1928 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11/26, 1928

20 UNDERTAKER Sutton Cook

ADDRESS 502 W. Lafayette

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 39578

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Patterson Park Ave ST., 1-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Blanche L. Staples

(a) RESIDENCE NO. 507 S. Patterson Park Ave. ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Staples

11 BIRTHPLACE OF FATHER (city or town) Hagerstown (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Hackett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Blanche L. Staples

(Address) 507 S. Patterson Park Ave.

Filed NOV 26 1928, 19 C. HAMILTON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Nov. 24, 1928, that I last saw her alive on Nov. 24, 1928 and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/24, 1928 (Address) 2379 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL Nov 26th 1928

20 UNDERTAKER Richard Cook

ADDRESS 502 S. Ann

Spec.—2-29-28—L. F. S.—500 Bks.

E 39579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 39579

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 7-A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joshua Bum

(a) RESIDENCE NO. 537 St. Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) United States

PARENTS

10 NAME OF FATHER John Bum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Sarah Infanty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant [illegible]

BALTIMORE CITY HOSPITALS

15 Filed NOV 26 1928 HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/28

17

I HEREBY CERTIFY, That I attended deceased from 10/4, 1928, to 11/21, 1928, that I last saw him alive on 11/21, 1928 and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Emphysema left lung
Purulent Pneumothorax
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 10/29/28

Was there an autopsy? Yes 11/14/28

What test confirmed diagnosis? Exploratory Puncture

(Signed) I. Sol Stuck, M. D.

BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov 26, 1928
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St

IMPORTANT: SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39580

CERTIFICATE OF DEATH.

X71-001 E 39580

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Almina Babikow

(a) RESIDENCE NO. Steinmetz Rm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 4th 1928

7 AGE — Years: — Months: 8 Days: 11 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER Wm Babikow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER Florence Filch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md -

14 Informant Records -

(Address)

15 H. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Nov 25, 1928, that I last saw her alive on Nov 25, 1928, and that death occurred, on the date stated above, at 1.55 P m.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcus)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Spinal Puncture

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Nov. 27 1928

20 UNDERTAKER: Frederick Lassahn Sons

ADDRESS: Fullerton Md.

NOV 26 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39581 E 39581

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 607 S. Grane ST. 22-36 (WARD)

2-FULL NAME Francis Dorsey

(a) RESIDENCE NO. 607 S. Grend ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Dorsey

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER James Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth Dorsey (Address) 607 ~~Eutaw~~ Grane

15 Filed NOV 26 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov. 22, 1928, that I last saw him alive on Nov 22, 1928 and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Hypostasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) David E. Wagner M. D.

11/26, 1928 (Address) 1006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11-26 1928

20 UNDERTAKER John H. Josehans — ADDRESS 1027 Hand Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39582

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH — REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST., WARD)

2—FULL NAME Mr. Howard Edwards

(a) RESIDENCE NO. 709 Beaumont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A. Edwards

6 DATE OF BIRTH (month, day, and year) Dec 19 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER States Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Honora Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Laura A. Edwards
(Address) 709 Beaumont Ave

15 Filed NOV 26 1928 Registrar HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Nov 25, 1928, that I last saw h[illegible] alive on Nov. 25, 1928 and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ~~Yes~~ Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) F. J. Seragy City, M. D.

. 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery — DATE OF BURIAL Nov. 27 1928

20 UNDERTAKER Whitehill & Sons — ADDRESS 1900 Eutaw Pl.

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39583

CERTIFICATE OF DEATH.

90 ✓ E 39583

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. 4908 Reisterstown Rd 8-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Walter Sipple

(a) RESIDENCE NO. 4908 Reisterstown st. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): Nov 7-1887

7 AGE — Years: 41 Months: Days: 17 (IF LESS than 1 day.....hrs. or.....min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bridge worker

(b) General nature of industry, business, or establishment in which employed (or employer): P. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town): Phila Pa.

(State or country)

10 NAME OF FATHER: Jos. Sipple

11 BIRTHPLACE OF FATHER (city or town): Pa

(State or country)

12 MAIDEN NAME OF MOTHER: Amelia Von Rodde

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

PARENTS

14 Informant: Gertrude Sippell

(Address) 4908 Reisterstown Rd

15 Filed NOV 26 1928, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) Love yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 6 yrs. mos. ds.

Witness (Coroner) M. D.

19 (Address) North Bn. Pa.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery Date of Burial Nov 27-1928

20 UNDERTAKER: George F. Rutt ADDRESS 1735 Jefferson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 26 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39584

CERTIFICATE OF DEATH.

89 E 39584

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Belmont Hotel, Fayette 325 St. Place Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel B. Poland

(a) RESIDENCE NO. 1400 E. Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida Poland

6 DATE OF BIRTH (month, day, and year) L876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Butter

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Solomon Poland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. Sol Poland

(Address) 1400 E. Lombard St.

15 Filed 11 29 1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zoller, M. D.
(Coroner)

11/26 19 28 (Address) 2139 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew, Southern Ave. Date of Burial 11/26 192 8.

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39585

CERTIFICATE OF DEATH

1929 E 39585

1—PLACE OF DEATH Hebrew Home for Incurables

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Selda Singer

(a) RESIDENCE NO. 2100 E. Balto Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abe Singer

6 DATE OF BIRTH (month, day, and year): 1838

7 AGE — Years: 90 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Abraham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Benj Goldstein

(Address) 3607 Eastern ave

15 Filed 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/25/28

17 I HEREBY CERTIFY, That I attended deceased from June, 1921, to Nov 25, 1928, that I last saw h[illegible] alive on Nov 24, 1928, and that death occurred, on the date stated above, at 8 4 m.

The CAUSE OF DEATH* was as follows:

ch. nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 11/26 19 28

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39586

CERTIFICATE OF DEATH.

51 E 39586

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mendel Gilden (or Max)

(a) RESIDENCE No. 3019 Belvedere Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bessie Gilden

6 DATE OF BIRTH (month, day, and year) May 7 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
55 years	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Herman Gilden

(Address) 3019 Belvedere Ave

15 Filed OCT 20 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov. 25, 1928, that I last saw him alive on Nov. 25, 1928 and that death occurred, on the date stated above, at 10:45 A. M.

The CAUSE OF DEATH* was as follows:

1. Intestinal Obstruction
2. Diabetes Mellitus
3. Bronchial pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/23/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Operative

(Signed) Benj. Samuels M. D.

, 19 (Address) West. Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel — DATE OF BURIAL 11-26 1928

UNDERTAKER Jack Levis — ADDRESS 1439 E Balto St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 39587

1—PLACE OF DEATH ~~E 39587~~ Glenmir REGISTERED NO. 28-66

CITY OF BALTIMORE: (No. Edemonson Ave. ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Henry Ferguson Jr

(a) RESIDENCE NO. Edemonson Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Single

5a If ~~married, widowed, or divorced~~
~~HUSBAND~~ of
(or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) March 9th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Catonsville
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER J Henry Ferguson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER L.V. Henderson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Ellen F. Ward
(Address) 921 St Paul St

15 Filed NOV 26 1928, 19 E. LAMPTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1928

17 I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to 11-24, 1928, that I last saw h[illegible] alive on 11-23, 1928 and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. Dorsey, M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Nov 26 1928
20 UNDERTAKER	ADDRESS
Henry H Jenkins Jr & Co	Ordway & Calhoun St

Spec.—1-12-23—M&T—500 Bks.

E 39588 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39588

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Lamont St. (Street or Avenue)

2-FULL NAME Estelle E. Webster.

(a) RESIDENCE NO. 509 Lamont St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Webster

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peter L. Lewis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Ann Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph A. Webster

(Address) 509 Lamont St.

15 Filed NOV 26 1928

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/20/ 1928, to 11/23/ 1928, that I last saw her alive on 11/24/ 1928 and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Thrush

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lee Cook M. D.

19 28 (Address) 224 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 11/26/1928

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Pennsylvania Ave.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39589

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 39589

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman Hosp. ST. 27-55 WARD)

2-FULL NAME Premature Female Jeffrey

(a) RESIDENCE NO. 3200 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James David Jeffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Kaffon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant (Address) Hosp. Record

15 C. HAMPSON JONES, M. D. Registrar

CV 26 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov 25, 1928,

that I last saw her alive on Nov 25, 1928,

and that death occurred, on the date stated above, at 6 54 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs 5 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? By heart sounds

(Signed) Robert S McCann, M. D.

, 19 (Address) Woman's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Herring Run

DATE OF BURIAL: 11-26- 1928

20 UNDERTAKER: Jack Leins

ADDRESS: 1139 E Balto

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39308 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 39590

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert LAWRENCE Enright

(a) RESIDENCE No. 1827 Penna St., Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: V

6 DATE OF BIRTH (month, day, and year): July 9. 1925

7 AGE: Years 3 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: John Schaffroth

11 BIRTHPLACE OF FATHER (city or town) (State or country): — Md

12 MAIDEN NAME OF MOTHER: Alice Enright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Parents

(Address)

15 Filed NOV 26 1928 19 C. Hamilton Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Nov. 23, 1928, that I last saw b[illegible] alive on Nov. 23, 1928, and that death occurred, on the date stated above, at 12.20 P.M.

The CAUSE OF DEATH* was as follows:

Rheumatic myocarditis
myocardial failure

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

11/23, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 26 1928

UNDERTAKER: Dr. J. Tucker, Inc

ADDRESS: 1 E Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

123 E 39591

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Everett Lawrence McClary

(a) RESIDENCE No. 1526 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret McClary

6 DATE OF BIRTH (month, day, and year): June 13-1877

7 AGE — Years: 51 Months: 5 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real estate

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer: N. L. Harmon

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Indiana

14 Informant: Mrs. Margaret McClary

(Address) 1526 N Monroe

15 Filed NOV 26 1928, 19 H. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/6 1928, to 11/24 1928, that I last saw h[illegible] alive on Nov. 24 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

1 Cholemia 2 secondary hemorrhage (oozing from wound)

(duration) 1. 21

CONTRIBUTORY (Secondary) Cholelithiasis (duration) 2. yrs. mos. 8 ds.

yrs. 6 mos.? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/8/28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Theo E. Stacy Jr. M. D.

11/24 1928 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem DATE OF BURIAL: Nov 27 1928

20 UNDERTAKER: Wm. J. Tuckner & Sons ADDRESS: N. Pa

SEAL OF DEPARTMENT

PART I. In this space, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39592

CERTIFICATE OF DEATH

90

E 39592

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2931 Woodland Ave. St. WARD)

2—FULL NAME Harry C. Rowles

(a) RESIDENCE NO. 2931 Woodland Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 19 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Harriet Royston Rowles

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookbinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Young & Selden 064

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Walter W. Rowles

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Edith Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Harriet R. Rowles

(Address) 2931 Woodland Ave.

15 Filed NOV 29 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from April 6, 19 28 to Nov 25, 19 28

That I last saw alive on Nov 25, 19 28

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Bubert M. D.

, 19 (Address) 4 W. Park Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov. 27, 28
20 UNDERTAKER Wm. Buckner & Sons	ADDRESS North Pa

NOV 29 1928

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39593

CERTIFICATE OF DEATH.

46 E 39593

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General

CITY OF BALTIMORE: (NO. ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sarah Molock

(a) RESIDENCE NO. 1625 Mosher ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Single

5a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) Mar 4, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	38	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER Richard Molock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co.

12 MAIDEN NAME OF MOTHER Elizabeth Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co.

14 Informant Richard Molock (Address) Avery & Dorchester Sts

15 Filed NOV 26 1928 HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928, to Nov. 22, 1928, that I last saw h[illegible] alive on Nov. 22, 1928 and that death occurred, on the date stated above, at 6:15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/16/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer M. D.

(Address) West Baltimore Gen'l Hosp. 11/23 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL Nov 26 1928

20 UNDERTAKER Samuel T. Hinkley & Bro.

ADDRESS 578 N. Eutaw

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39594

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2906 Brueckert Av ST. 27-44 WARD)

2-FULL NAME Ida A. Smiley

(a) RESIDENCE NO. 2906 Burkert av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 1 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: late Saml. A. Smiley

6 DATE OF BIRTH (month, day, and year): May 6/70

7 AGE — Years: 57 — Months: 6 — Days: 19 — If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Philip Benner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harold K. Smiley

(Address): 2906 Brueckert Av

15 [illegible]: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928. to Nov. 25, 1928. that I last saw her alive on Nov. 24, 1928. and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Malignancy (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory pending

(Signed) Allen C. Beacham, M. D.

Nov 25, 1928 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: 11/27 1928

20 UNDERTAKER: Philip Henry — ADDRESS: 2016 Orleans St.

V 261928

TION IS VERY IMPORTANT. See instructions on back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39595 E 39595

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 710 Vine St ST. 4-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stephen Cornick

(a) RESIDENCE NO. 710 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mary Rose

(Address): 710 Vine St

15 Filed NOV 26 1928 Reg. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Nov 22, 1928, that I last saw h alive on Nov 22, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Organic Dis Heart

Prostatic Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arter-Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Howard M. D.

Nov, 19 (Address) 739 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Nov 26, 1928

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39596

CERTIFICATE OF DEATH.

113

E 39596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 911 Bennett Place St. 18-26 Ward)

2-FULL NAME Lola Glasco

(a) RESIDENCE NO. 911 Bennett Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 6 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) Jan 18 1927

7 AGE Years 1 Months 10 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Frank Glasco

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lena Henry

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Lena Glasco

(Address) 911 Bennett.

15 Filed NOV 26 1928

16 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) E. E. Peck M. D.

(Address) 1911 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Nov 26, 1928

20 UNDERTAKER Mrs Katie R Williams ADDRESS 322 Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39597 — 44 — E 39597

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3203 Carlisle Ave. St.) 15-61 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Walter Deffinbaugh

(Residence in Baltimore: No. 3203 Carlisle Ave. St.) 74 yrs. 8 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 17 (Day), 1854 (Year)

7-AGE: 74 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Greenspring W. Va.

PARENTS

10-NAME OF FATHER: Peter Deffinbaugh

11-BIRTHPLACE OF FATHER (State or country): Greenspring W Va.

12-MAIDEN NAME OF MOTHER: Catherine Mountz

13-BIRTHPLACE OF MOTHER (State or country): Oldtown Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence A. Ayers

(Address) 3200 Carlisle Ave Baltimore, Md.

15- Filed NOV 26 1928, 191 — HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 24 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to, Nov. 24 1928, that I saw h..... alive on ..... 191..., and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gallbladder

(Duration) yrs 6 mos. ds

Contributory (SECONDARY) .....

(Duration) yrs mos. ds

(Signed) Frank N. Dellinger M. D.

Nov 26 1928 [Address] 2858 Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov 29, 1928

20-UNDERTAKER: W M Boulden

ADDRESS: 2228 N Arch

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39598 — CERTIFICATE OF DEATH — 24-001 E 39598

1—PLACE OF DEATH — REGISTERED NO. 15-66

CITY OF BALTIMORE: (No. 2751 N Mothan ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H Fowble

(a) RESIDENCE NO. 2751 N Mothan ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E Fowble

6 DATE OF BIRTH (month, day, and year) July 12 62

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John H Fowble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Benj F. Fowble

(Address) 2751 N Thomas ave

15 NOV 28 1928 Filed ..... 19 ..... HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 - 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov 25, 1928, that I last saw h[illegible] alive on Nov 24, 1928 and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Cullen, M. D.

11/29/28 (Address) 2757 W. Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 27 1928

20 UNDERTAKER W M Coulson — ADDRESS 2238 N Smith

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39599

CERTIFICATE OF DEATH.

23 E 39599

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1672 Darley ST. 8-45 WARD)

2-FULL NAME James Williamson

(a) RESIDENCE NO. 1672 Darley ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Magdalena Williamson

6 DATE OF BIRTH (month, day, and year): June 5-1849

7 AGE: Years 79 Months 5 Days 17 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Transfer-Hauling

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Ellen Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Magdalena Williamson

(Address): 1672 Darley ave

15 Filed NOV 26 1928 19 PARKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Nov 23, 1928, that I last saw h[illegible] alive on Nov 20, 1928 and that death occurred, on the date stated above, at 4:30 [illegible] m

The CAUSE OF DEATH* was as follows:

Encephalitis (chr)

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kinzer, M. D.

19 (Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 26 1928

20 UNDERTAKER: Fred A. Kehane & Son — ADDRESS: 703 E Hoffman

FION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 E 39600

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Linden Ave. ST. 14-20 WARD)

2-FULL NAME WILLIAM AUBREY SUMMERS

(a) RESIDENCE No. 1618 Linden Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) MARTHA ELLEN SUMMERS

6 DATE OF BIRTH (month, day, and year) 6-15-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Banking

(c) Name of employer National Bank of Balto.

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER John F Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) P. George Co. Md.

12 MAIDEN NAME OF MOTHER Eliz. Gwynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Md.

14 Informant Martha E. Summers

(Address) 1618 Linden Ave

15 Filed NOV 26 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-6-, 1928, to 11-23-, 1928, that I last saw h[illegible] alive on 11-23-, 1928, and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Prof. L. Durall M. D.

, 19 (Address) 3623 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 11-27-28

20 UNDERTAKER: Martin Fahey Sons

ADDRESS: 1822 W Mont Ave

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 39607

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Linwood Ave WARD) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Leo Miskimon.

(a) RESIDENCE NO. 708 S. Linwood ave WARD 1
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thos. E. Miskimon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ida May Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Thos. E. Miskimon

(Address) 708 S. Linwood. Ave

15 Filed Nov. 26, 1928 PAMPHON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25th/28

17 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928 to Nov. 23, 1928 that I last saw h[illegible] alive on Nov. 23, 1928 and that death occurred, on the date stated above, at 9.40 P.M. The CAUSE OF DEATH* was as follows:

Cause of Death.

Pending Lung Tuberculosis

CONTRIBUTORY (Secondary) Hemorrhage (duration) yrs 3 mos ds.

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy

(Signed) C. C. McClanahan M. D.

Nov. 26, 1928 (Address) 3588 Bank St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Nov. 27th 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 N. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39602

CERTIFICATE OF DEATH

101-001

E 39602

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wicker Burl

(a) RESIDENCE NO. 1602 Mc Henry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Single~~ Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Market man

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address)

15 Filed 2 6 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23-28

17 I HEREBY CERTIFY, That I attended deceased from 11-~~9~~ 17, 1928, to 11-23, 1928, that I last saw him alive on 11-23, 1928, and that death occurred, on the date stated above, at 1.50 P m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. & X-Ray

(Signed) H. Wm. Beck M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Nov-27th 19 28
20 UNDERTAKER	ADDRESS
A. Jones	111 S. Gilmor

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39603

CERTIFICATE OF DEATH.

31

E 39603

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 818 N. Kenwood Ave St. 7-12 Ward)

2-FULL NAME Ada Virginia Hayden.

(a) RESIDENCE NO. 818 N. Kenwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced (or) WIFE of: William Raymond Hayden

6 DATE OF BIRTH (month, day, and year): Sept 24 1900

7 AGE — Years: 28. Months: 2 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house-wife 07

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Shenandoah

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Andrew J. Rinaca

11 BIRTHPLACE OF FATHER (city or town): Shenandoah

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Margaret Heffner

13 BIRTHPLACE OF MOTHER (city or town): Shenandoah

(State or country): Virginia

14 Informant: Cleopatra Lounterbach

(Address): 215 S. Potomac St

Filed 19 Per _____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-25-1928

17

I HEREBY CERTIFY, That I attended deceased from Feb-15 1928, to Nov-25, 1928,

that I last saw h[illegible] alive on Nov-25, 1928,

and that death occurred, on the date stated above, at 6:20 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): none

none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? [illegible] Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum & Physical Signs

(Signed) Chester Riland, M. D.

11-25, 1928 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shenandoah Virginia Date of Burial Nov 29 1928

20 UNDERTAKER: John A. Moran ADDRESS 3000 E. Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

V 261928

Spec.—7-17-26—A Co.—200 Bks.

E 39604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39604

REGISTERED NO. 74

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2728 Maryland Ave Ward 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Hall Allen

(a) RESIDENCE NO. 2728 Maryland Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Gray Allen

6 DATE OF BIRTH (month, day, and year): Dec. 25th 1856

7 AGE: Years 71 Months 11 Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co

(State or country): Md.

PARENTS

10 NAME OF FATHER: Barrington K. Cockey

11 BIRTHPLACE OF FATHER (City or town): Balto Co

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Hall

13 BIRTHPLACE OF MOTHER (city or town): Harford Co

(State or country): Md.

14 Informant: Barrington K Allen Son

(Address): 2728 Maryland Av

Filed 11 26 1928 C. HAMPSON JONES, M. D. Registrar

Par A.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25/28 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 1928, to Nov. 25, 1928, that I last saw h[illegible] alive on Nov 24, 1928, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Failure of heart

Hemiplegia (duration) 10 Months yrs. mos. ds.

CONTRIBUTORY (Secondary) Failure of Heart action (duration) 10 min yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Death Certificate

(Signed) C. C. Pratt M. D.

Nov 26 1928 (Address) 1605 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Va — Date of Burial: Nov-27 1928

20 UNDERTAKER: George J Smith — ADDRESS: Fulton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39605

CERTIFICATE OF DEATH

129 E 39605

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1117 E 20th ST., 9-46 WARD)

2—FULL NAME Charles A Shriver

(a) RESIDENCE NO. 1117 E 20th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Catherine Shriver

6 DATE OF BIRTH (month, day, and year): Oct 29 1841

7 AGE: Years 87 Months — Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber Handler

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Ensor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Jos H Gregor

(Address) 1117 E 20th St

15 Filed 2-6-1928 19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1928 to Nov 25 1928

That I last saw h[illegible] alive on Nov 24 1928

and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. R. Finn, M. D.

(Address) 64 W. Mt. Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Nov 28 1928

20 UNDERTAKER: John Ulrich

ADDRESS: 200 E Oliver

Spec.—1-12-23—M&T—500 Bks.

E 39606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 of 1 ✓ E 39606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1233 McElderry ST. 5-E (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Nichols

(a) RESIDENCE No. 1233 McElderry ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middletown Md

12 MAIDEN NAME OF MOTHER Grace Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middletown Md

14 Informant Grace Nichols

(Address) Middletown Md

15 Filed 1 26 1928, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Nov 25, 1928, that I last saw h alive on Nov 25, 1928 and that death occurred, on the date stated above, at 12 01 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

(Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ... 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

NOV 26 1928

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39607

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 11-29 ST. WARD)

2-FULL NAME John Buckler.

(a) RESIDENCE NO. 1360 Carroll ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elizabeth Buckler

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stove Pipemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bal to Md.

PARENTS

10 NAME OF FATHER: Ferguson Buckler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Sarah Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Elizabeth Buckler

(Address) 1360 Carroll St

15 Filed 26 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928, to Nov 25, 1928,

that I last saw him alive on Nov. 25, 1928,

and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Multiple Aneurisms of Aorta

(duration) 1½ yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Clinical

(Signed) Charles F. Hill M. D.

11/25 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Nov. 25, 1928

20 UNDERTAKER: A. Howard Evans ADDRESS: 35 E Fort Ave

THIS is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39608

CERTIFICATE OF DEATH.

× 189

E 39608

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominick Garszwa

(a) RESIDENCE NO. Shell Rd & Pise Ave nr Sparrows Pt. Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in ~~Baltimore~~ city where death occurred ~~1~~ yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Vincent Brywczynski

(Address) Shell Rd

15 Filed 1928 C. HAMILTON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- Ruptured intestine
(Accidently kicked by horse)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Gibson M. D.
(Coroner)

11/25/28 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual resklence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary Nov 28-28

20 UNDERTAKER John M. Welch ADDRESS 401 E. Chase St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39609

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 34 S. Summerset St. (Ward) 20-64

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Margaret Cook

(a) RESIDENCE NO. 34 S. Summerset ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. / mos. / ds. How long in U. S., if of foreign birth? 55 yrs. / mos. / ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman F. Cook

6 DATE OF BIRTH (month, day, and year) Feb. 7-1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
75	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. Schroeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Benkmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herman F. Cook

(Address) 34 S. Summerset St

15 Filed NOV 26 1928

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Nov 23rd 1928 that I last saw he alive on Nov 23rd, 1928 and that death occurred, on the date stated above, at 2:25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Urinary Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of

Was there an autopsy? /

What test confirmed diagnosis? Clinical

(Signed) Stella Hemming, M.D.

11 Nov. 1928 (Address) 2000 Holland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Nov 27th 1928

20 UNDERTAKER F. B. Kuppert ADDRESS 150 W. Saratoga St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39610

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2538 Hollins ST. WARD)

2—FULL NAME Annie D. Fissler

(a) RESIDENCE NO. 2538 Hollins St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Fissler

6 DATE OF BIRTH (month, day, and year): May 7-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cullo. Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cullo. Md.

12 MAIDEN NAME OF MOTHER: Wally Eckenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Andrew Fissler

(Address) 2538 Hollins St

15 Filed 2-6 1928 19 10 A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 28

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to Nov 24-, 1928, that I last saw her alive on Nov 24 1928 and that death occurred, on the date stated above, at 3 55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis 7 years

Carcinoma Rectum 7 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E Heller Hemming M. D.

11/26 1928 (Address) 2001 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 27th 19 28

20 UNDERTAKER: H. D. Wishart

ADDRESS: 855 W. Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

E 39611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39611

CERTIFICATE OF DEATH.

113

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Ellwood Ave ST. 6-11 WARD)

2-FULL NAME Betty Lippincott

(a) RESIDENCE NO. 413 N. Ellwood Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 15th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	1	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER W. E. Lippincott

11 BIRTHPLACE OF FATHER (city or town) City
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Kade

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant W. E. Lippincott
(Address) 413 N. Ellwood Ave.

15 Filed 2 6 1928, 19...

E. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from 11.24.28, 19... to 11.24.28, 19...
that I last saw h[illegible] alive on 11.24.28, 19...
and that death occurred, on the date stated above, at 11th P. m.
The CAUSE OF DEATH* was as follows:

Intestinal Toxemia.
(duration) yrs. 30 mos hours ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical only

(Signed) O. Lilie B. Towles, M. D.
11.26.28, 19... (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill, Towson — DATE OF BURIAL 11/27 19 28

20 UNDERTAKER E. J. Fanning, Son - 1936 Lafayette Ave. — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39612

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 39612

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 23

CITY OF BALTIMORE: (No. ... ST. 16 WARD)

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertram Murphy

(a) RESIDENCE NO. 1328 W. Lafayette Ave. ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 8 mos. ... ds. How long in U. S., if of foreign birth? 12 yrs. 8 mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Murphy

6 DATE OF BIRTH (month, day, and year) Mar 20 1887.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook & Steward 071

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S/S Catherine Jeems

9 BIRTHPLACE (city or town) Jamaica (State or country)

PARENTS

10 NAME OF FATHER John Murphy

11 BIRTHPLACE OF FATHER (city or town) Jamaica (State or country)

12 MAIDEN NAME OF MOTHER Sarah Donnan

13 BIRTHPLACE OF MOTHER (city or town) Jamaica (State or country)

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 24, 28

17 I HEREBY CERTIFY, That I attended deceased from August 4, 1928, to November 24, 1928, that I last saw him alive on November 24, 1928, and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis, tertiary, cerebral, spinal

(duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory findings

(Signed) Houston G Foster, M. D.

11/24 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 11/27/1928

20 UNDERTAKER Wm. Fy. H. Holland

ADDRESS 163 Druid Hill

25 26 1928 ... 19 ... Registrar

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60-002 V

E 39613

REGISTERED NO.

1—PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., B-31 WARD)

2—FULL NAME Jane Williams

(a) RESIDENCE NO. 2423 Ridgley ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anderson Williams

6 DATE OF BIRTH (month, day, and year) ? 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Earnest Jackson

(Address) 129 C St. Washington

15 Filed ..... 19 C. HAMPSON JONES M.D. Registrar

26 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1928, to Nov 24, 1928, that I last saw h[illegible] alive on Nov 24 1928 and that death occurred, on the date stated above, at 8 06 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Colitis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/24 1928 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 11/27/1928

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co. —00 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39614

CERTIFICATE OF DEATH.

90 E 39614

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1802 Ethnig St. 11-25 (Ward)

2-FULL NAME Mary Taylor

(a) RESIDENCE NO. 1862 Ethnig St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day and year): Oct 27-1866

7 AGE: Years 62 — Months — Days 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Watertown N.Y. Nov 24

(State or country)

PARENTS

10 NAME OF FATHER Peter Broker

11 BIRTHPLACE OF FATHER (city or town) N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER Betty Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Blanche Gregory

(Address) 1803 Ethnig St

15 Filed ... 1 ... 1928 C. HARRISON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 24th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) T. B. Link M. D.

(Address) North Ave & Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 11/27/1928

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39615

E 39615

CERTIFICATE OF DEATH.

65002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 W See ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Whitmer

(a) RESIDENCE NO. 644 W See ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 18. 1911

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R. R.

9 BIRTHPLACE (city or town) (State or country): Clover S. Carolina

PARENTS

10 NAME OF FATHER: Elzey Whitmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gilbert S. Carolina

12 MAIDEN NAME OF MOTHER: Virginia Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kings Mt. N. Carolina

14 Informant (Address): Margaret Henson Cleveland Ohio

15 Filed NOV 27 1928 C. HAMPSON JONES (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov - 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov - 19, 1928, to Nov - 25, 1928,

that I last saw him alive on Nov - 24, 1928,

and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Johns Hopkins

(Signed) Dan Francis M. D.

11/26, 1928 (Address) 14 W See

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cemetery

DATE OF BURIAL: 11/28 1928

20 UNDERTAKER: John H. Tradrin

ADDRESS: 1727 Eutaw Pl

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 39616

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. President St Hosp Ward) 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Montgomery

(a) RESIDENCE NO. 937 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not

6 DATE OF BIRTH (month, day, and year): Apr 16 1923

7 AGE: Years 5 Months 7 Days 8 9. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER: Geo. Montgomery

11 BIRTHPLACE OF FATHER (city or town): Howard Co

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Martha Glass

13 BIRTHPLACE OF MOTHER (city or town): Howard Co

(State or country) Md.

14 Informant: Joshua Fuller

(Address) 2459 Brentwood

15 Filed: C. HARRISON JONES, M. D. Registrar

NOV 27 1928

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Original, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

3rd degree burns, Chest and Limbs.

(Accident.) (duration) 2 hrs. 30 mins.

CONTRIBUTORY (Secondary) Burns caught fire from gas Htr.

(duration) yrs. mos. ds.

(Signed) T. C. Linthicum M. D.

(Coroner)

(Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 937 N. Stricker St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Orchard Cem Date of Burial 11/27/28

20 UNDERTAKER: Emmart Hemsley & Bro ADDRESS 578

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39617

CERTIFICATE OF DEATH

38 E 39617

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital ST. 1 WARD)

2—FULL NAME Eugene Blaine

(a) RESIDENCE NO. 518 Wilkens Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 20-1928

7 AGE: Years —; Months 3; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Eugene Blaine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala.

12 MAIDEN NAME OF MOTHER: Eva Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala

14 Informant: Eva Blaine

(Address): 518 Wilkens alley

Filed 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1928, to Oct 24, 1928,

that I last saw h[illegible] alive on Oct 24, 1928

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Lues (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) B Stein M. D.

11/1, 19 28 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Provident Hosp

DATE OF BURIAL 10/24 1928

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks. Besser, Earl Stanford

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39618

CERTIFICATE OF DEATH.

31

E 39618

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 Division 14-59 (Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie E Stanford

(a) RESIDENCE NO. 2110 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): Sept 8 - 1894

7 AGE: Years 34 Months 2 Days 18. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Chas Stanford

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Ida Earle

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Edna Tooker

(Address) 632 Laurens St

15 Filed ....., 19 .....

....., Registrar.

NOV 27 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F C Lurk, M. D.

Nov 26 1928 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the state..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Nov 29 1928

20 UNDERTAKER: James D Wright ADDRESS 1364 W

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39619

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. E 39619

CITY OF BALTIMORE: (No. 9 ST. 16-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine J. Reity

(a) RESIDENCE NO. 605 no Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~, (write the word): Widow

6a If married, widowed, or ~~divorced~~ HUSBAND ~~of~~ (or) WIFE of: Harry Reity

6 DATE OF BIRTH (month, day, and year)

7 AGE: 39 Years | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Josh Tity

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Catherine —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed 11 27 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-26-28

17

I HEREBY CERTIFY, That I attended deceased from 11-9, 1928, to 11-26, 1928, that I last saw her alive on 11-26, 1928 and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

Empyema - rt (Pyo - Pneumothorax - rt)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + X Ray

(Signed) H. M. Slade M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 28 1928

20 UNDERTAKER: Geo. W. Little — ADDRESS: 2700 Edmondson Av

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39620

CERTIFICATE OF DEATH

45 ✓ E 39620

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodore Smith

(a) RESIDENCE NO. 1900 W Lexington St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Belt Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer Smith-Belting Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITAL [redacted]

15 Filed ..... 19 ..... Registrar

[illegible] 1927 H. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/27

17 I HEREBY CERTIFY, That I attended deceased from 10/3/27 to 11/26, 19 27, that I last saw him alive on 11/26, 19 27, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Metastasis to Liver

Lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Feb 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) H. M. Finch, M. D.

BALTIMORE CITY HOSPITALS [redacted]

*State the [redacted] from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	11/28 19 27
20 UNDERTAKER Wilson Cook	ADDRESS 502 E Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39621

CERTIFICATE OF DEATH.

E 39621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S Stricker St.; WARD) 19-22

2-FULL NAME Ellen Lennon

(a) RESIDENCE. No. 201 S Stricker ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Charles R Lennon

6 DATE OF BIRTH (month, day, and year): Feb 22, 1869

7 AGE: Years 59; Months 9; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

11 Informant: Chas. Lennon
(Address) 201 S Stricker St

15 Filed 19 C. HAMPTON JONES M. D. Registrar.

NOV 27 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 23, 1928, that I last saw h[illegible] alive on Nov 23, 1928, and that death occurred, on the date stated above, at 4 30 A. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James F Fitzgerald M. D.

1928 (Address) 1729 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 27th 1928

20 UNDERTAKER: D. A. Jones

ADDRESS: 111 S. Gilmor St

THIS is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39622
1—PLACE OF DEATH

CERTIFICATE OF DEATH

90

REGISTERED NO. E 39622

CITY OF BALTIMORE: (No. 1913 N. Patterson Park ave St., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa L. Cutler

(a) RESIDENCE NO. 1913 N. Patterson Park ave St., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? 55 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. D. Cutler

6 DATE OF BIRTH (month, day, and year) April 9-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Franz J. Beutcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Katharine M. Beeby

(Address) 1913 N. Patterson Park ave

15 Filed C. PATTERSON JONES, M. D. Registrar

V 271928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25-1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16-, 1928, to Nov. 25-, 1928, that I last saw h alive on Nov. 24-, 1928 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) — yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin A. Fenby M. D.

11/26/1928 (Address) 1223 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Nov 28 1928

UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 39623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 39623

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 20-28 WARD)

2-FULL NAME Kate Berman

(a) RESIDENCE No. 2030 Wilkens ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barney Berman

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph H. Eisenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. Berman

(Address) 2030 Wilkens ave

15 Filed NOV 27 1928 C. H. VERNON JONES, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 26, 1928, that I last saw her alive on Nov 26, 1928, and that death occurred, on the date stated above, at 4:1 A. m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lithargica

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema and Circulatory failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 2030 Wilkens ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Cohen, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Blvd DATE OF BURIAL 11/27 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore Street

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39624

E 39624

CERTIFICATE OF DEATH.

REGISTERED NO. 11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Feder

(a) RESIDENCE NO. 2269 Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 8-1902

7 AGE: Years 26 Months 9 Days 19

If LESS than 1 day, hrs. or min. 18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sect

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Simon Feder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Berkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Ella Dushon

(Address) 2269 Madison Ave

15 Filed NOV 27 1928 H. MASON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1928, to Nov 26, 1928, that I last saw h[illegible] alive on Nov 26, 1928, and that death occurred, on the date stated above, at 11 10 P m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis

(appendicitis, acute, ruptured)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? Yes Date of Nov 21-1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Benj H Klotz, M. D.

11-26 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Rebeca Rosedale

DATE OF BURIAL: 11/29 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks. (Downey) ROMER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39625

CERTIFICATE OF DEATH

161-002

E 39625

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 837 N. Steiner ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pleasford Preston Romney

(a) RESIDENCE NO. 837 N. Steiner ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 11-21-28

7 AGE: Years | Months | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Romney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Pauline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mt. Williams

14 Informant Pauline Romney

(Address) 837 N Steiner St

15 Filed ..... 19 ..... Registrar

NOV 27 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26-28

17 I HEREBY CERTIFY, That I attended deceased from 11-21-28, 19..., to 11-26-28, 19...,

that I last saw h alive on 11, 19

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia Contusion

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Cystitis difficult labor, Uremia

(Duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. M. Cardozo M. D.

11-26-28 (Address) 524 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion ct

DATE OF BURIAL Nov 1 1928

20 UNDERTAKER W. L. Brown & Son

ADDRESS New York

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39626

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 39626

CITY OF BALTIMORE. (No. 1501 Linden ave WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret F. Watkins

(a) RESIDENCE NO. 1501 Linden ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13 1847

7 AGE — Years: 81 Months: 6 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Nicholas E. Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Miss Susan Watkins

(Address) 1501 Linden ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25-28

17 I HEREBY CERTIFY, That I attended deceased from Sept- 1928 to Nov 25th 1928

that I last saw her alive on Nov 24th 1928

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Senile myocarditis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. K. Van Meter M. D.

19 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Nov 27 1928

20 UNDERTAKER: Edward Ostheim & Sons

ADDRESS: 1000 Druid Park Drive

Spec.—2-29-28—L. F. S.—500 Bks.

E 39627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 39627

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1835 N. Caroline ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Dorsey Erdman

(a) RESIDENCE NO. 1835 N. Carolline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Erdman

6 DATE OF BIRTH (month, day, and year): Feby 2. 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
74	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

013

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Erdman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susanna Dear

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Stanley T. Erdman

(Address) 3019 Wayne ave

15 Filed 19 [illegible] JONES, M. D. Registrar

27 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 . 1928 . to Nov 25 . 1928 . that I last saw him alive on Nov. 25 . 1928 . and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exray

(Signed) Geo Hamand M. D.

(Address) 1834 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Nov 28. 1928

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—7-17-26—A Co.—200 Bks.

E 39628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 39628

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 259 S. Baroness St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jake Conner

(a) RESIDENCE NO. 259 S. Caroline St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Anna Conner

6 DATE OF BIRTH (month, day, and year): March 11 1889

7 AGE: Years 39 yr. Months 6 Days 14

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Stevedoring

(b) General nature of industry, business, or establishment in which employed (or employer): Ship

(c) Name of employer: Maryland Dry Dock,

9 BIRTHPLACE (city or town): Georgia

(State or country)

PARENTS

10 NAME OF FATHER: John Conner

11 BIRTHPLACE OF FATHER (city or town): Georgia

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Smith

13 BIRTHPLACE OF MOTHER (city or town): Georgia

(State or country)

14 Informant: Anna Conner

(Address) 259 S. Caroline St.

15 Filed ..... 19 ..... H. C. JONES, M. D. Registrar

V 271928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 25, 1928, that I last saw h[e] alive on Nov 25, 1928, and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): La Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. Eisenlinger, M. D.

19 (Address) 1514 E. Baltimore St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Nov 28 1928

20 UNDERTAKER: Edward Bonjan — ADDRESS 1631 Orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39629 — 183 — E 39629

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

CERTIFICATE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. 16-23 Ward

2-FULL NAME Richard Holmes

(a) RESIDENCE NO. 1107 woodyear St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7-1913

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Va

PARENTS

10 NAME OF FATHER Albert Holmes

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Va

12 MAIDEN NAME OF MOTHER Cornelia Sorrell

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Va

14 Informant Robert Holmes
(Address) 1107 woodyear Ave

15 Filed _____, 19 _____ _____ Registrar

NOV 27 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 24 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry), find that said deceased came to _____ Death on the day stated above.

The CAUSE OF DEATH was as follows:

Gunshot wound. Hemorrage, involving liver & lung.

(Accident)

(duration) _____ yrs. _____ mos. one ds.

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) H C Lynch M. D.
(Coroner)

(Address) North Rid & Dru

Nov 24 28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

2214 Division

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — Date of Burial 11-27 19 28

20 UNDERTAKER Samuel Taylor — ADDRESS 916 Druid Hill Ave

OF DEATH in plain words, so that it may be properly classified. Each statement is of very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88

REGISTERED NO. E 39630

1-PLACE OF DEATH

City of BALTIMORE: (No. 208 N. Mount St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Brown

(a) RESIDENCE NO. 208 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Brown

6 DATE OF BIRTH (month, day, and year) dunt

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto —

(State or country)

10 NAME OF FATHER Benj Rhenbottom

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

PARENTS

14 Informant Sam Brown

(Address) 208 N Mount St

Filed NOV 27 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Brooke M. D.

(Coroner) 5 W Bond

11/15 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Date of Burial 11-28 1928

20 UNDERTAKER Daniel Taylor ADDRESS 516 Fremont Ave

OF DEATH in plain terms, so that it may be properly classified. Use blanks by OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

4433

REGISTERED NO. E 39631

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Battery Ave. St. 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Buckley Galvin

(a) RESIDENCE NO. 1223 Battery Ave. St. 24th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Galvin

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	89	-	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Kings County Ireland

PARENTS

10 NAME OF FATHER Michael Buckley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Emmet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) John F. Galvin 1223 Battery Ave

15 Filed NOV 27 1928 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1928, to Nov. 25, 1928, that I last saw h[illegible] alive on Nov. 25, 1928, and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no

Was there an autopsy? —

What test confirmed diagnosis? Inspection

(Signed) Thomas F. Galvin M. D.

Nov 25 1928 (Address) 1129 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Nov. 28 1928

20 UNDERTAKER Margaret A. Flynn — ADDRESS 1422 Light

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39632

CERTIFICATE OF DEATH.

179 E 39632

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 18-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Foote.

(a) RESIDENCE NO. 1028 Vine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1923.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Foote

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Elizabeth Foote

(Address) 1028 Vine St.

Received NOV 27 1928 C. Hampson Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second degree burns of entire body.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

11/25 19 28 (Address) 2139 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?
1028 Vine St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	Nov. 27, 1928

20 UNDERTAKER Katie R. Williams ADDRESS 322 N Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39633

CERTIFICATE OF DEATH.

129 E 39633

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 646 Bartlett Ave ST.; 46 WARD)

2-FULL NAME Edgar Mitchell Hyland

(a) RESIDENCE. NO. 646 Bartlett Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or WIFE): Emma Hyland

6 DATE OF BIRTH (month, day, and year): Feb 11, 1884

7 AGE — Years: 44 Months: 9 Days: 15

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Interior Decorator

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Harper Hyland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil County Md

12 MAIDEN NAME OF MOTHER: Emily Jane Batts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Maxine Kelly

(Address) 3212 Eutaw ave.

NOV 27 1928

HAROLD JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-11- 1928, to 11-25 1928

that I last saw him alive on 11-25- 1928

and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Cerebral Hemorrhage - Right hemiplegia

CONTRIBUTORY (Secondary) (duration) yrs. 5 mos. 14 ds. Chronic nephritis - Suppression

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Abner Bamden, M. D.

11/27 1928 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — DATE OF BURIAL: Nov 28 1928

20 UNDERTAKER: H. C. George J. Smith — ADDRESS: 1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39634
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 39634
REGISTERED NO.

CITY OF BALTIMORE: (No. 1315 W. Fayette ST. 14-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Florence Smith

(a) RESIDENCE NO. 1315 W. Fayette ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 1881

7 AGE — Years: 47 — Months: 4 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas N. Smith
(Address) 1315 W. Fayette St

15 Filed NOV 27 1928 H. ADDISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from 1916 to Nov 26 1928.
that I last saw her alive on Nov 26 1928.
and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis and endocarditis

(duration) 12 yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary edema
(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Byrd, M. D.
11-27 1928 (Address) 1405 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 28 28

UNDERTAKER: George J. Smith — ADDRESS: 153 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 39635 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 39635

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 W Lexington ST. 18-N WARD)

2-FULL NAME Madeline Maris

(a) RESIDENCE NO. 1211 W Lexington ST., — WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	N	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 28 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	71	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis R Maris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Fannie Lauchelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Hoofnagel

(Address) 2304 Fulton Ave

15 Filed NOV 27 1928 [illegible] M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 26, 1928, that I last saw h[illegible] alive on Nov 21, 1928, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ileum

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X Ray etc

(Signed) Louis J Nelk M. D.

, 19 (Address) 5242 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov 28 1928

20 UNDERTAKER George J Smith — ADDRESS 153 L Hollins

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Sallie Loudon

E39636.

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E39636.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 14-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Louden

(a) RESIDENCE NO. 138 N Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Louden

6 DATE OF BIRTH (month, day, and year): April 19. 1909

7 AGE: Years 19 Months 7 Days 4 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

10 NAME OF FATHER: George Louden

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Christy cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

PARENTS

14 Informant: C Cook

(Address): 1360 woodyear st

15 Filed: 1927 NOV 29

Registrar: Mills

C. BARTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following abortion

10 days

Causes for which Cannot be obtained

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Septicaemia

(duration) yrs. mos. 6 ds.

(Signed) James H Denton M. D.

(Coroner)

11 1927 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

330 N Bruce St

Former or usual residence " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Date of Burial Nov 27 1927

20 UNDERTAKER: Joseph A Lively ADDRESS 409 N Mount

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

DEC 2 1927

Spec.—2-29-28—L. F. S.—500 Bks.

E 39637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 ✓ E 39637

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 3-3 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Harris

(a) RESIDENCE NO. 1120 Watson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hattie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant .....

BALTIMORE CITY HOSPITALS

15 Filed [illegible] Registrar

NOV 27 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/23/28

17 I HEREBY CERTIFY, That I attended deceased from 11/22 . 19 28 . to 11/23 . 19 28 . that I last saw h[illegible] alive on 11/23 . 19 28 and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia (Bilat)

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

BALTIMORE CITY HOSPITALS

*State [redacted] Violent Causes, state (1) Means and Nature of Injury, [redacted] ther Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. DATE OF BURIAL: 11-27 1928

20 UNDERTAKER: Byron Wright ADDRESS: 1218 McCulloh

Spec.—1-10-21—M&T—1500 Blks.

E 039638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39638

CERTIFICATE OF DEATH.

REGISTERED NO. 84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 26-42 WARD

2-FULL NAME Mary S. Bieble

(a) RESIDENCE No. 5711 Belair Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept 1895

7 AGE — Years: 33 Months: 1 Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Md Workshop Blind

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marion Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed 27 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1928, to Nov 26, 1928, that I last saw her alive on Nov 26, 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, benign

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Nov 24 Date of Yes

Was there an autopsy? Yes Removal of tumor

What test confirmed diagnosis?

(Signed) I. Rudolph Turnbull M. D.

Nov 26 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 28 1928

20 UNDERTAKER: August Pasek

ADDRESS 2406 Ashland Ave

CAUSE OF DEATH in plain terms. No abbreviations or initials. TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Schwuchow)

E 39639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39639

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3807 Glenmore ave St. 27-41 Ward) 31 Registered No.

2-FULL NAME Olga H. Schwuchow

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 3807 Glenmore ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter A. J. Schuchow

6-DATE OF BIRTH (month, day and year): 2. 18. 94.

7-AGE: 34 yrs. 9 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: —

9-BIRTHPLACE (city or town) (State or Country): Stuttgen Germany

PARENTS.

10-NAME OF FATHER: Hans Hauch

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Stuttgen Germany

12-MAIDEN NAME OF MOTHER: Bertha Haffner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Stuttgen Germany

14-

(Informant): Walter A. J. Schwuchow

(Address): 3807 Glenmore ave

15-

Filed ..... 192.....

HARRISON JONES, M.D.

Registrar.

V 27 1928

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 11. 26. 28.

I HEREBY CERTIFY, That I attended deceased from November 21 1928 to November 26 1928.

that I last saw h... alive on November 26 1928.

and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Acute General Tuberculosis

Intestinal Hemorrhage. (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harris R. A. Meyer

11/26, 1928 (Address) 1033 N. Caroline St., M. D.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Nov 28 1928

20-UNDERTAKER: F. J. Tschan Sons

ADDRESS: Not Paten

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39640

E [redacted]

CERTIFICATE OF DEATH.

REGISTERED NO. 143

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (Street) (Ward)

2-FULL NAME Bertha Kuzmanski

(a) RESIDENCE NO. 2013 Portugal ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Stanley Kuzmanski

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 35 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: J. Kurkowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: J. Kotowski

(Address): 1820 Thames St

15 Filed ... 27 1928 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/2, 1928, to 11/25, 1928, that I last saw her alive on 11/25, 1928, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Pelvic inflammatory disease

arising from self induced abortion.

(duration) yrs. 3 mos ... da.

CONTRIBUTORY (Secondary): Gangrene of lung - Sepsis

(duration) yrs. 1 mos. ... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of { 9/5/28 / 10/22/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. P. Jones M. D.

, 19 (Address) St Joseph

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Nov 28 1928

20 UNDERTAKER: F. W. Ogorzewski — ADDRESS: 1930 Eastern Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39641

CERTIFICATE OF DEATH.

74-001 ✓

E 39641

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Spring Garden Plant, Con. Gas Co. Ward 23-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P. Wootton

(a) RESIDENCE NO. 13 W. Randall St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1864.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Con. Gas Co.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John J. Wootton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Mary E. Chambers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Rena Catterton (Sister)

(Address) 113 W. Randall St.

15 Filed 19 C. Harrison Jones, M. D. Registrar

Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feldt M. D.
(Coroner)

11/26/ 28 (Address) 2139 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. Oliver Date of Burial Nov 28 28.

20 UNDERTAKER E. Sokolowski & Son. ADDRESS 1029 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION in very important. See instructions on back of certificate.

2 71928

Spec.—2-29-28—L. F. S.—500 Bks.

E 39642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39642

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3831 S. Hanover ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Virginia Austin

(a) RESIDENCE NO. 3831 S. Hanover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Austin

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel Del.

PARENTS

10 NAME OF FATHER James Kersey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel Del.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Charles E. Austin

(Address) 3831 S. Hanover St.

15 Filed 27 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 27, 1928, that I last saw h— alive on Nov 26, 1928 and that death occurred, on the date stated above, at 10.20 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

CONTRIBUTORY (Secondary) Extension (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Brownley, M. D.

11/29/1928 (Address) Brownley Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Nov. 30, 1928

20 UNDERTAKER John A. Denny

ADDRESS 715 Light

Cor.—12-9-25—A Co.—200 Bks.

E 39643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 E 39643

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found in Harbor

City of BALTIMORE: (No. Fullerway & Eastern St. 3-5 Ward)

2-FULL NAME unknown

(a) RESIDENCE NO. unknown St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant

(Address)

Filed 19

C. HAMILTON JONES, M. D.

Per Registrar

2 7 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Drowning Coma

Contributory Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. Hamilton Jones, M. D.
(Coroner)

11 29 1928 (Address) 1002 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial NOV 27 1928 19

20 UNDERTAKER ADDRESS

Commissioner Health

OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 39644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39644-A

CERTIFICATE OF DEATH.

161-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1311 Whatcoat St- ST., 15-22 WARD)

2-FULL NAME Baby boy Talbert-

(a) RESIDENCE NO. 1311 Whatcoat St- ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single-

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 22, 1928-

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant-

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md-

PARENTS

10 NAME OF FATHER Arthur James Talbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co., Md-

12 MAIDEN NAME OF MOTHER Helen Hester Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co, Va-

14 Informant mother

(Address)

15 Filed 27 1928 C. HAMPSON JONES, M. D. Registrar

Per 2997

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Nov. 25, 1928, that I last saw him alive on Nov. 24, 1928, and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Howe, M. D.

, 19 (Address) 15 16 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND. Commissioner Health. NOV 26 192

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-00 E 39645

1-PLACE OF DEATH

City of BALTIMORE: (No. 941 Druid Hill Ave. Ward) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rogers

(a) RESIDENCE NO. 941 Druid Hill Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Rogers

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE: Years 35 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town): Ellicott City

(State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Howard Co.

(State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy Williams

13 BIRTHPLACE OF MOTHER (city or town): Howard Co.

(State or country): Md

PARENTS

14 Informant: Saml. Stroud

(Address): 941 Druid Hill

15 Filed ..... 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Lynch M. D.

(Coroner)

Nov. 25 1925 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, and the cause of death must be stated. Indefinite and very important. See instructions on back of certificate.

11-27 1925 C. HARRISON JONES, M. D.

2999 For ... Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39646

CERTIFICATE OF DEATH

72 E 39646

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE CITY HOSPITALS ST. 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William E. Saunders

(a) RESIDENCE NO. 906 Donnellys Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

Address BALTIMORE CITY HOSPITALS

15 [redacted] 19

C. HAMILTON SOLLEY, M. D.

Registrar

27 1928

500 Bks. Ins. House.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-28

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 1928, to 11-20, 1928, that I last saw him alive on 11-20, 1928, and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

Pyelitis

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. 4 mos. ds.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory tests

(Signed) H. M. Hurd, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

NOV 26 1928

Spec.—1-10-21—M&T—1500 Bks.

E 39647 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39647

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 47 Gorman Ave ST., 9-16 WARD)

2-FULL NAME Jacob O Hauk

(a) RESIDENCE NO. 47 Gorman Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Hauk

6 DATE OF BIRTH (month, day, and year) Sept 14 1877 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51.	~~48~~	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer B & O.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Valentine Hauk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edw Hauk

(Address) 47 Gorman Ave

15 FILED 11 27 1928 Registrar HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from — , 1922 ; to Nov 26 , 1928 , that I last saw him alive on Nov 25 , 1928 , and that death occurred, on the date stated above, at 2 27 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis & arteriosclerosis.-

(duration) 6 yrs — mos — ds.

CONTRIBUTORY (Secondary) Cerebral Hemiplegia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W B Bunn and Lord M. D.

11/27, 1928 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 12/1/28

20 UNDERTAKER Geo O Finley Fulton & Fayette ADDRESS

TION is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39648

CERTIFICATE OF DEATH

× 31 E 39648

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane E. Tilpet

(a) RESIDENCE NO. 1108 N. 3d St Spanover St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE Years 46 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Bean

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mahanna

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Myrtle Ellis

(Address) 405 4th St

15 Filed 2 7 1928 C. HAMPSON JONES, M. D.

Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25/28

17 I HEREBY CERTIFY, That I attended deceased from 9/23/28, 19 to 11/25/28, 19,

that I last saw h[illegible] alive on 11/25/28, 19,

and that death occurred, on the date stated above, at 1 25 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Pleuritis

Tuberculosis of Brain

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. E. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem — Date of Burial: 11/28/28

20 UNDERTAKER: Geo A Foley Sons — ADDRESS: Eastern & Fayette

IT IS IMPORTANT THAT THIS CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1516 Eutaw Place Ward 4-20

2-FULL NAME Thos J. Beatin.

(a) RESIDENCE NO. Rozella Park N. J. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Beatin

6 DATE OF BIRTH (month, day and year): Apr 15 — 1901

7 AGE — Years: 27 — Months: 7 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager Moving Picture Theatre

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

10 NAME OF FATHER: August S. Beatin

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Engle

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

PARENTS

14 Informant: Elizabeth Beatin

(Address) 1516 Eutaw Place

15 Filed 19 Registrar

271028

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of lung & Shock due to pistol wound.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. E. Leitch. M. D.

(Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

1516 Eutaw Place.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Nov 28 1928

20 UNDERTAKER: Lilly & Julien Sucl. — ADDRESS: 403 N Mount St

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-E 39650

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No.) 220 (ST.) Caroline & Fairfield (WARD) Sc

2-FULL NAME George Dontell

(a) RESIDENCE NO. 561 South Longwood (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Frances Dontell

6 DATE OF BIRTH (month, day, and year): October 18, 1854

7 AGE — Years: 74 Months: 3 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Bus Car Cleaner

(c) Name of employer: B. & O. R. R. Co.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Dontell

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Mary Feathers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Frances Dontell

(Address) 561 Longwood St

15 Filed NOV 28 1928 C. HARRY JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-27-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-26-1928, to 11-27-1928.

that I last saw him alive on 11-27-1928.

and that death occurred, on the date stated above, at 7-30 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-22-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) M B Hendry M. D.

, 19 (Address) St Joseph Hosp Td

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Baltimore Co

DATE OF BURIAL: Nov. 30 1928

20 UNDERTAKER: Easton Sons & Nice

ADDRESS: Eutaw & Lee

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 3965I

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 3965I

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1005 S. Kenwood ave

CITY OF BALTIMORE: (No. 1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Jastrewski

(a) RESIDENCE NO. 1005 S. Kenwood ST., WARD Baltimore, Md
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of baby

6 DATE OF BIRTH (month, day, and year) 11/23/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			5½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1005 S. Kenwood ave Baltimore, Md

PARENTS

10 NAME OF FATHER Stanly Jastrewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Rogus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania U.S.A.

14 Informant Dr Rosenblatt Father

(Address) 1005 S. Kenwood ave Baltimore Md

15 Filed 28 1928, 19 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/25, 1928, to 11/28, 1928, that I last saw him alive on 11/28, 1928 and that death occurred, on the date stated above, at 5 a. m

The CAUSE OF DEATH* was as follows:

Aspiration Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) New - born

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of home

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Joseph Rosenblatt, M. D.

11/28, 1928 (Address) 1018 Oldonnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL R.C. St Stanislaus Bens — DATE OF BURIAL Nov 2 1928

20 UNDERTAKER Stephen J. Fiatkowski — ADDRESS 1000 Kenwood ave

poc—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39652

E 39652

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 4002 Groveland Ave. St., 28-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henrietta Elizabeth Palmer

(a) Residence No. 4002 Groveland Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ WIFE of Wm C. Palmer

6-DATE OF BIRTH (month, day and year) May 31-1852

7-AGE. 76 yrs. 5 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md

PARENTS.

10-NAME OF FATHER. Capt. Levin S. Fooks

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md

12-MAIDEN NAME OF MOTHER. Luella Richardson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Eva A. Palmer

(Address) 821 N Charles St.

15- ed 192 H. HANSON JONES, M. Registrar.

OV 28 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 27 1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 3, 19 28 to Nov 27, 19 28

that I last saw h alive on Nov 26, 19 28

and that death occurred, on the date stated above, at 3:20 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis Uremia

(Duration) yrs. 2 mos. ds

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) 3 yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. S. Larson, M. D.

, 19 (Address) Halethorpe Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount

DATE OF BURIAL. Nov. 30 1928

20-UNDERTAKER. Chas L. Franck

ADDRESS 532 Madison Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001 St Paul St

Dr's copy 39653

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St Paul ST., 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie Walker O'Brien

(a) RESIDENCE NO. 1001 St Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Unknown mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Lawrence O'Brien

6 DATE OF BIRTH (month, day, and year) Sept 28-1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43		1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER John Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lawrence O'Brien

(Address) 1001 St Paul St

15 Filed ..., 19...

V 28 1928 E. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Nov. 26, 1928, that I last saw h[er] alive on Nov. 27, 1928 and that death occurred, on the date stated above, at 3-50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach & Metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cancer

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & physical findings

(Signed) J. W. Dooley, M. D.

, 19 (Address) 1001 St. Paul St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11/28 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E. Fayette Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39654

CERTIFICATE OF DEATH.

E 39654

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 161 ST., 14-20 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature male Vandermast

(a) RESIDENCE NO. Stemmers Run, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 26-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	7 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Ernest W. Vandermast

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marie Deickman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mother

15 Filed NOV 28 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Nov 27, 1928, that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Therapeutic Abortion at 6 lunar months because of nephritic toxemia.

(duration) — yrs — mos — ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) John G. Murray Jr. M. D.

11/27 1928 (Address) 9 East Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Carnegie Laboratory.	
20 UNDERTAKER	ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

E 39655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 ✓ E 39655

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 W Lexington St. 19-27 Ward)

2-FULL NAME Mary Bell Washington

(a) RESIDENCE NO. 1626 W Lexington St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt. Washington

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: 43 | Months: — | Days: — | IF LESS than 1 day .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dom. 037

(b) General nature of Industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Philadelphia

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Unknown

14 Informant: Jas H Moore

(Address) 207 N Fremont Ave

15 Filed NOV 28 1928 HAMILTON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D.

(Coroner) S. W. Smith

11/25 1928 (Address) Branch Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Nov 28, 1928

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 3221 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39656 — CERTIFICATE OF DEATH — E 39656

REGISTERED NO. 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 16-F-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Bernard Washington

(a) RESIDENCE NO. 822 - North Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jennie Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 28 1928 J. RAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov. 25, 1928, that I last saw h[illegible] alive on Nov. 25, 1928 and that death occurred, on the date stated above, at 5 20 a. m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis and Insufficiency
Aortic stenosis, Myocardial Insufficiency

(duration) yrs. 11 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) [signature] M. D.

Nov. 25. 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 28 1928

20 UNDERTAKER Kate R. Williams — ADDRESS 322 N. Schroeder St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39657

CERTIFICATE OF DEATH

31 E 39657

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 W Fayette St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bessie A Allen

(a) RESIDENCE NO. 1609 W Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter M Allen

6 DATE OF BIRTH (month, day, and year): May 11 1903

7 AGE: Years 25 Months 6 Days 14 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which emplnyed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James A Bruce

11 BIRTHPLACE OF FATHER (City or town) Wilks Co.

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Eliz. Wicks

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Mrs Mary E Bruce

(Address) 1609 W Fayette

15 Filed ..... 19 ..... Registrar

Rec'r

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 22 19 28 to Nov 26th 19 28,

that I last saw h.. alive nn Nov 25th 19 28.

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as fnllnws:

Pulmonary Tuberculosis

(duration) yrs. 1 mns. ds.

CONTRIBUTORY (Secnndary) Cerebral Hemorrhage

(duratinn) yrs. mns. ds. 6 mos

18 Where was disease cnntracted

if not at place of death?

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. A. Gihbs M. D.

19 (Address) 1720 Pine St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery — Date of Burial: Nov 28, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

NOV 29 1928 HARRY W. JONES M. D. Registrar

Spec.—1-12-23—M&T—500 Bks.

E 39658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39658

31

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (T B) 11+14 WARD)

2-FULL NAME James J. Quinn

(a) RESIDENCE No. 104 E. Preston st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Quinn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen McAdams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address) B.C. Hospitals

15 Filed DEC 1 1928 H. C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1928, to Nov. 24, 1928, that I last saw h. im alive on Nov. 24, 1928 and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Kimy C Smith, M. D.

11-24-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11-28-28

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1520 Eutaw Pl

TION IS VERY Important SEE INSTRUCTIONS

Spec.—2-29-28—L. F. S.—500 Bks.

E 39659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39659

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE; (No. 12-51 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Grenier

(a) RESIDENCE NO. 400 Fawcett ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Obtained

PARENTS

10 NAME OF FATHER " "

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Records of (Address) BALTIMORE CITY HOSPITALS

15 Date received 2 28 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26-28

17 I HEREBY CERTIFY, That I attended deceased from 11-22, 19 28, to 11-26, 19 28, that I last saw him alive on 11-26, 19 28 and that death occurred, on the date stated above, at 6⁰⁰ AM m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, bilateral

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) ? Brain tumor

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, X Ray & Laboratory

(Signed) C. H. Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Cemetery	Nov 29 19 28
20 UNDERTAKER	ADDRESS
Ebensworth & Son	3617 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39660

CERTIFICATE OF DEATH

101-001

E 39660

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Roland Ave ST., 13-5 WARD)

2—FULL NAME Alice J. Gall

(a) RESIDENCE NO. 4014 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Gall.

6 DATE OF BIRTH (month, day, and year) Oct 10, 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) California
(State or country)

PARENTS

10 NAME OF FATHER Frederick Ferguson

11 BIRTHPLACE OF FATHER (city or town) Ind.
(State or country)

12 MAIDEN NAME OF MOTHER Lula Tyson

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant John H. Gall.
(Address) 4014 Roland Ave

15 Filed NOV 28 1928 H. WILKINSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1928, to Nov 26, 1928, that I last saw h[illegible] alive on Nov 26, 1928 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) A. Woerner, M. D.

11/28, 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Nov 29, 1928
20 UNDERTAKER Edmondson	ADDRESS 3[illegible] Charles

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39661 — 90 E 39661

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) In Auto in front of 3300 Liberty Heights (Ward) 17-51

2-FULL NAME Chas. Kiernan

(a) RESIDENCE NO. 509-W 28th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie L.

6 DATE OF BIRTH (month, day, and year): Oct 8-1864

7 AGE: Years 64 Months 1 Days 19 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Mtl. Wkr.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City.

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER: John Kiernan

11 BIRTHPLACE OF FATHER (city or town) N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Bell

13 BIRTHPLACE OF MOTHER (city or town) N. Y.

(State or country)

14 Informant: Minnie L. Kiernan

(Address): 509-W. 28th St.

Date NOV 28 1928

HAMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest. find that said deceased came to death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Lentz M. D.

(Coroner)

Nov 29 1928 (Address) Bath Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Hudson New York — Date of Burial: Nov 29 1928

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 3510 Clifton Ave

OF DEATH in plain terms, so that it may be properly classified. Fill out all items. Make statement of OCCUPATION very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39662

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1517 E Fredeal St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Graham Duckett

(a) Residence No. 1517 E Fredeal St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of May Duckett

6-DATE OF BIRTH (month, day and year) March 31 1864

7-AGE. 64 yrs. 7 mos. 26 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cashier

(c) Name of employer. Penna R.R.

9-BIRTHPLACE (city or town)... (State or Country), Maryland

PARENTS:

10-NAME OF FATHER. Richard G Duckett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER. Josephine Victory

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

14- (Informant) May Duckett

(Address) 1517 E Fredeal St

15- Filed 19... C. HALLSON JONES, M. Registrar.

NOV 28 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-26-28

17- I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928 to Nov. 26, 1928

that I last saw h. alive on Nov. 25 1928

and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

[redacted] Cinema Primary

(Duration) ... yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Hepatic Gall Bladder

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James C. Clarke M. D.

Nov. 27 1928 (Address) La Vale Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. GOVANS PRESBYTERIAN CEMETERY.

DATE OF BURIAL. 11-30 1928

20-UNDERTAKER. Bernard C HARLE

ADDRESS 1000 S PACA ST.

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39663 HEALTH DEPARTMENT—CITY OF BALTIMORE 33 E 39663

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 St Eugene ST. 8-16 WARD)

2-FULL NAME Mary Etta Carlisle

(a) RESIDENCE No. 1403 St Eugene ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ (HUSBAND of or) WIFE of: Edward G. Carlisle

6 DATE OF BIRTH (month, day, and year): July 8 1863

7 AGE — Years: 65 — Months: 4 — Days: 19 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Lewis Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Mary Lippy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Edward G Carlisle
(Address): 1403 St Eugene St

15 NOV 28 1928 C. HARRISON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 19

17 I HEREBY CERTIFY, That I attended deceased from May 8 19 24 to Nov 27 19 28.

that I last saw her alive on Nov 27 19 28.

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Tubercular Enteritis

(duration) 4 yrs — mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) B F Herzog M.D. M. D.

Nov 28 19 28 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL 19

20 UNDERTAKER: Geo W Settle — ADDRESS

CAUSE OF DEATH must be plainly written, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 39664

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 39664

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Longo

(a) RESIDENCE NO. 913 Low St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7/27

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Steve Longo

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Lorenza Delinandis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Father

(Address) 913 Low St

15 Filed Nov 29 1928 C. HARRISON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. H. Cullen M. D.

(Coroner)

11/27/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Nov 29 1928

20 UNDERTAKER Wm. J. Lennon & Bro ADDRESS 1127 E Balto St

OF DEATH is part of this form, so that it may be properly transcribed. PARTICULAR STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39665

CERTIFICATE OF DEATH.

9 E 39665

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Ridenour

(a) RESIDENCE NO. 1907 E. Fairmount Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 7/1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Howard C. Ridenour

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hagerstown, Md.

12 MAIDEN NAME OF MOTHER Daisy Hardy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address) 1907 E. Fairmount Ave

Filed C. HAMPSON JONES, M. D.

Registrar

V 281928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 26/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia- Pertussis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Mc Cain (Coroner) M. D.

11/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington md Cemetery

Date of Burial 11/28/28

20 UNDERTAKER Art Edwards

ADDRESS 1127 E Balto st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39666

CERTIFICATE OF DEATH.

179 E 39666

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rudolph Green

(a) RESIDENCE NO. 257 Robert St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 30 1924

7 AGE: Years 4 | Months | Days 6 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city md

(State or country)

PARENTS

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Alice Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Alice Robinson

(Address) 257 Robert st

Filed NOV 28 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns-Clothing caught fire-playing with matches

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Green M. D.

(Coroner)

11/28/28 (Address) 508 E. Borth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 11-28 1928

20 UNDERTAKER: Harris Eaton & Demaree ADDRESS 916

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Selah Wallace

E 39667

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39667

CERTIFICATE OF DEATH.

X 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women Hospital (St.) 94-20 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selah Wallace

(a) RESIDENCE NO. 310 N. Wood St. ST., WARD York Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Harry Wallace

6 DATE OF BIRTH (month, day, and year): Dec 2, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	37	11	2 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York County Pa

PARENTS

10 NAME OF FATHER: George A Sours

11 BIRTHPLACE OF FATHER (city or town) (State or country): York County

12 MAIDEN NAME OF MOTHER: Barbara Bloom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lancaster Co. Pa

14 Informant: Leo Brady M.D.

(Address): Medical Arts Bldg. Baltimore Md

15 Filed NOV 28 1928 THAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1928

17

I HEREBY CERTIFY, That I attended deceased from October 26 1928 to Nov 27 1928;

that I last saw he alive on November 27, 1928,

and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma cervix uteri

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York Pa

Did an operation precede death? Yes Date of Oct 29, 1928

Was there an autopsy? Partial

What test confirmed diagnosis? Operation

(Signed) Leo Brady, M. D.

, 19 (Address) Medical Arts Bldg. Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Pa

DATE OF BURIAL: Dec 1 1928

20 UNDERTAKER: Henry A. Pearson

ADDRESS: 505 N. Calvert St Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39668

CERTIFICATE OF DEATH

E 39668

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Belleview Av N. Arlington ST., 28 WARD 63

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate Schwarzkopf

(a) RESIDENCE NO. 4312 Belleview Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if foreign birth? 76 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Given

7 AGE — Years: 77 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Joseph Schwarzkopf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Grob

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm. Joseph A. Schwarzkopf

(Address) 4312 Belleview Av

15 Filed DEC 28 1928 CLARENCE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1928, to Nov 27th, 1928

that I last saw h alive on Nov 27th 1928

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hoch M. D.

Nov 29 1928 (Address) 601 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 30 1928

20 UNDERTAKER: Henry Koch Son — ADDRESS: 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39669

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002 E 39669

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 26-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Brecht

(a) RESIDENCE NO. 4004 Frederick Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 28, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Louis Brecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Glick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sydenham Hosp Records

(Address)

15 Filed NOV 28 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Nov 27, 1928,

that I last saw him alive on Nov 27, 1928

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Meningococcal Tonsillar + Pharyngeal Diphtheria

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Diphtheritic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) H. Lachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 11/29 1928

20 UNDERTAKER Wm Cook — ADDRESS 38 E Nat

Spec.—1-10-21—M&T—1500 Bks.

39670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 39670

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 9-18 WARD)

2-FULL NAME James Clancy

(a) RESIDENCE NO. 519 East 20th ST.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 23 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sargent of Police

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Police Dept. 061

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas J Clancy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Connolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) County Galway Ireland

14 Informant Nona Clancy

(Address) 1713 E. 30 St

15

16 Registrar C. HARRISON JONES, M. D.

For

NOV 28 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1928

17

I HEREBY CERTIFY, That I attended deceased from July 29 1928, to Nov 27 1928, that I last saw h[illegible] alive on Nov 27 1928, and that death occurred, on the date stated above, at 2:10 A m

The CAUSE OF DEATH* was as follows

Thrombosis of Coronary Artery

Cardiac Hypertrophy & Dilatation

Myocardial Degeneration. Hypotension.

(duration) yrs. 6 mos. do.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 do.

18 Where was disease contracted if not at place of death? 519 East 20th St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Milton Sherry M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

New Cathedral Cemetery Nov. 30 1928

20 UNDERTAKER — ADDRESS

Palmer McCandlish 924 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39671 — 129 — E 39671

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1933 Mosher ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Margaret Spavin

(a) RESIDENCE NO. 1933 Mosher ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William M. Spavin

11 BIRTHPLACE OF FATHER (city or town) Philadelphia
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary E. Edwards

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. Cornelia M. Six
(Address) 1933 Mosher St.

15 Filed 2 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Nov 27, 1928, that I last saw her alive on Nov 27, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Shannon, M. D.

19 (Address) 700 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov. 30, 1928

20 UNDERTAKER Harold Cook

ADDRESS 1003 West Baltimore St

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 39672

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Nanticoke ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pfeifer

(a) RESIDENCE NO. 1132 Nanticoke ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Philip Pfeifer

6 DATE OF BIRTH (month, day, and year): Nov 17, 1856

7 AGE — Years: 72 — Months: 0 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Louis Youngmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Kurz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Philip Pfeifer

(Address): 1132 Nanticoke St.

Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Nov 27, 1928.

that I last saw her alive on Nov 27, 1928.

and that death occurred, on the date stated above, at 12.25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. two hours mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Nov 28, 1928 (Address) 54 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Nov 30 1928

20 UNDERTAKER: Mr & Mrs. John N Teufel & Son — ADDRESS: 801 W Fayette

C. [illegible] JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39673

CERTIFICATE OF DEATH

129 E 39673

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1804 N. Castle ST., 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vincent Stach

(a) RESIDENCE NO. 1807 N. Castle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Lena Stach

6 DATE OF BIRTH (month, day, and year): January 1866

7 AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Black-smith

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Stach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Kleal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Lena Stach

(Address): 1804 N. Castle St

15 Filed: 2 8 1928, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Nov. 28, 1928, that I last saw h[illegible] alive on Nov. 28, 1928 and that death occurred, on the date stated above, at 9.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Generalized Arteriosclerosis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Jaska, M. D.

19 (Address) 845 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cath Hill — DATE OF BURIAL: Dec 1 1928

20 UNDERTAKER: Frank Crook Son — ADDRESS: 1410 Mad Ave

Important. See instructions on back of [illegible]

Cor.—12-9-25—A Co.—200 Bks.

BULLINGER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39674

CERTIFICATE OF DEATH.

185 E 39674

25-7k

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Susie Bullginger

(a) RESIDENCE NO. 2446 Washington Boul. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Bulginger

6 DATE OF BIRTH (month, day, and year) Feb 2/1849

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	79	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nanw

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Nicholas Schib

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John M. Bullginger

(Address) 2346 Wash. Bould.

C. HAMPSON JONES, M. D.

Registrar

28 1928

Pat. ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal) (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Accidental Fracture of Femur. (duration) yrs. mos. ds.

(Signed) J. Ke... M. D.

(Coroner)

11/28/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Nov 30 1928

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22/27 39675 + 129 E 39675

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James W- Adam

(a) RESIDENCE NO. Laurenburg ST., N-C- WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-22/80

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheriff's

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S- Car -

PARENTS

10 NAME OF FATHER W- A- Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country) S-C-

12 MAIDEN NAME OF MOTHER Maggie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S-C-

14 Informant Friends -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19... C. HARRISON JONES, M. D.
Registrar

NOV 28 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-28-28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Nov. 28, 1928, that I last saw him alive on Nov. 28, 1928, and that death occurred, on the date stated above, at 6 43 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Arteriosclerosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic coma

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known -

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy -

(Signed) James Bordley - , M. D.

Nov 27, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hamlet N C	11/28 1928
20 UNDERTAKER	ADDRESS
Hughes & Jones	424 N Broadway

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39676

CERTIFICATE OF DEATH.

74001 E 39676

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital St. 4227 Ward)

2-FULL NAME Andrew Kelly

(a) RESIDENCE NO. 317 Paca St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab—

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Franklin Square Hospital

(Address)

C. HAMILTON BOOZE, M. D.

Filed ..... 19 ..... Per ..... Registrar

V 28 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. H. Booze M. D.

(Coroner) 5 W Dean

11/19, 1928 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Full statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 39677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-E 39677

1-PLACE OF DEATH 742 W. Saratoga St.

CITY OF BALTIMORE: (No. 742 W. Saratoga St. 17-16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Baby girl) Alice Evelyn Wilson

(a) RESIDENCE NO. 742 W. Saratoga ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Negro
5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 25, 1928

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Harry Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Willie Mae Merritt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Suffolk Va.

14 Informant: Mother
(Address): 742 W. Saratoga St.

15 Filed [illegible], 19 [illegible]

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1928

17 I HEREBY CERTIFY, That I attended deceased (from Nov 25, 1928, to Nov 27, 1928, that I last saw HER alive on Nov 27, 1928, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:
Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Diego Wollak M. D.

, 19 (Address) Univ Hosp,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL: [illegible] 19

20 UNDERTAKER: [illegible] ADDRESS

UNIVERSITY OF MARYLAND
BALTIMORE CITY HEALTH DEPARTMENT
NOV 29 1928
REGISTRAR WM. E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

V 28 1928

Cor.—12-9-25—A Co.—200 Bks.

E 39678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39678

CERTIFICATE OF DEATH.

X 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2831 St Paul St 12-50 Ward)

2-FULL NAME Berlie Moore

(a) RESIDENCE NO. 2831 St Paul St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Butler Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER E. W. Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Lucy Wagner

(Address) Towsontown md

15 Filed 11 28 1928 H. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dobelor Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jno J Mowisen M. D.

11/27, 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Franklin Va Date of Burial 11-28 1928

20 UNDERTAKER Daniel Carter ADDRESS 916 Laurens ave

OF DEATH in part at least, as they are very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39679

CERTIFICATE OF DEATH

129

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Cambria ST. 25-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Watkins Brooks

(a) RESIDENCE NO. 101 Cambria ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benton Brooks

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Armistead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Benton Brooks

(Address) 101 Cambria St

15 Filed 28 1928 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1928, to Nov 26, 1928, that I last saw h[illegible] alive on Nov 25, 1928 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Urinalysis

(Signed) H. M. Caud, M. D.

11/27 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	11-28 1928
20 UNDERTAKER David Easton	ADDRESS 916 Penna Ave

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 39680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 713 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Junius Foster

(a) RESIDENCE NO. 621 Rutland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charlette Foster

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nottaway Co. Va

PARENTS

10 NAME OF FATHER Robert Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nottaway Co Va

12 MAIDEN NAME OF MOTHER Charlette Works

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nottaway Va

14 Informant Charlette Foster

(Address) 621 Rutland Ave

15 Filed NOV 28 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1928, to Nov. 27, 1928, that I last saw him alive on Nov. 27, 1928, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) (duration) Toxemia yrs. mos 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nottaway Co Va

DATE OF BURIAL 11-29 1928

20 UNDERTAKER Byron Wright

ADDRESS 1218 Mc Elderry St

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2 2 0192 E 39681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-001 E 39681

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 14-20 WARD)

2—FULL NAME Carrie Williams

(a) RESIDENCE NO. 582 Presstman ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Williams

6 DATE OF BIRTH (month, day, and year) Feb 28-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 FILED 2 8 1928 C. HAMPSON JONES, M. D. Registrar

Dist. R & D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1928, to November 27, 1928, that I last saw her alive on November 27, 1928 and that death occurred, on the date stated above, at 12:55 A. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

1 week (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Spinal puncture -

(Signed) C. H. Jones, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elma, Va.

DATE OF BURIAL 11/28/1928

20 UNDERTAKER Mrs. Lee H. Holland

ADDRESS 163 Druid Hill Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

E 39682

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1507 William ST. 24-34 WARD)

2—FULL NAME Sarah L. Conway.

(a) RESIDENCE NO. 1507 William ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female,	White,	Widowed.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Conway.

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1861.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67,	10,	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 027

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER John Tanner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Anna Higgens.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Jamie Conway.

(Address) 1507 William St.

15 Filed 2 8 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Nov 27, 1928, that I last saw h(er) alive on Nov 27, 1928 and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver

from History (duratinn) yrs. 8 mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis & Anemia (duratinn) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Burlington, M. D.

11.28 1928 (Address) 1026 Fort Ave.

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Dec 30, 1928

20 UNDERTAKER A. Howard Emmons ADDRESS E. Fort Ave

Spec.—1-12-23—M&T—500 Bks.

E 39683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39683

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4804 Park Heights St. (Ward) 8-17

2-FULL NAME Frank B. Henry

(a) RESIDENCE NO. 1513 N Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? 85 yrs. 6 mos. 5 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catharine Henry

6 DATE OF BIRTH (month, day, and year): May 25 1843

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Balthas Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Germany

12 MAIDEN NAME OF MOTHER: Eva Berninger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Germany

14 Informant: Wm. Henry (son)

(Address) 122 W. Chase St.

15 FEB 1928

19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 27 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1928 to Nov. 27 1928, that I last saw him alive on Nov. 26 1928, and that death occurred, on the date stated above, at 8:20 a m

The CAUSE OF DEATH* was as follows:

Chronic myocarditis with insufficiency.

CONTRIBUTORY (Secondary) (duration) 7 yrs. mos. ds. Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D. Atchinson, M. D.

11-27, 1928 (Address) 1012 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Nov. 29, 1928

UNDERTAKER: Stewart Memorial Co.

ADDRESS: Balto.

V 28 1928

TION is very important! See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39684

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. W-27 WARD)

2-FULL NAME Laura Jenkins Parr

(a) RESIDENCE NO. Bon Secours Hospital ST., WARD Stevenson Md.
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? 56 yrs. 2 mos. 20 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Raf Parr

6 DATE OF BIRTH (month, day, and year) Sept-7-1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
56	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Geo. C. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Kate Key

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Virginia

14 Informant Raf Parr Husband
(Address) Stevenson-Md.

15 Filed 2-8-1928 C. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1928, to Nov 28 1928, that I last saw h[illegible] alive on Nov 28 1928 and that death occurred, on the date stated above, at 1.05 P m.

The CAUSE OF DEATH* was as follows:

Toxemia
Cerebral arteriosclerosis

CONTRIBUTORY (Secondary) Carcinomatosis (duration) yrs. 3 mos ds.

(?) (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 13/28.

Was there an autopsy? no.

What test confirmed diagnosis? Operation.

(Signed) Thos. C. Staly Jr. M. D.

, 19 (Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Nov 30 1928.

20 UNDERTAKER Edward H Moser Co ADDRESS Balto.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

914697

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39685 CERTIFICATE OF DEATH + 49 E 39685

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edgar V. Fowler

(a) RESIDENCE NO. 10 Shephard St ST., WARD East Orange N.J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth

6 DATE OF BIRTH (month, day, and year) July 22-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Edgar V. Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Y-

12 MAIDEN NAME OF MOTHER Ella Bank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-Y

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 9 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26-28

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to Nov. 26 1928, that I last saw him alive on Nov. 20 1928 and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? yes Date of 6/6/28

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. Smith, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East Orange, N. J.

DATE OF BURIAL 11-30 1928

20 UNDERTAKER Wm. J. Lickens Sons

ADDRESS 20 No Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 39686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 39686

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 2-5 WARD)

2—FULL NAME Jacob Miller

(a) RESIDENCE NO. 1415 E Eutaw Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Jan 12 62

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jos T. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nancy O'Leary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records Office

(Address) BALTIMORE CITY HOSPITALS

15 Filed NOV 29 1928 HARRISON JONES, M. D. Registrar

Fee Paid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-28

17

I HEREBY CERTIFY, That I attended deceased from 11-15, 19 28, to 11-27, 19 28, that I last saw him alive on 11-27, 19 28 and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

Several weeks (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) H. M. Thos M. D.

BALTIMORE CITY HOSPITALS

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 29 1928
20 UNDERTAKER W M Routson	ADDRESS 2238 W Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 39687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39687

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1420 E. Lombard ST. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida B. Davis

(a) RESIDENCE NO. 1420 E. Lombard St.
(Usual place of abode) WARD

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? Nat. yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Barney Davis

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Barney Davis

(Address) 1420 E. Lombard St

15 Filed NOV 29 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28-28

17 I HEREBY CERTIFY, That I attended deceased from Octo 20, 19 28, to Nov 28, 19 28,

that I last saw her alive on Nov 28, 19 28

and that death occurred, on the date stated above, at 9:40 a. m.

The CAUSE OF DEATH* was as follows:

A Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis arteriosclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination Symptoms

(Signed) Joseph Gardner M. D.

(Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mech Rood	11-30 19 28

20 UNDERTAKER Jack Levin ADDRESS 1439 E Balto St

Important. See instructions on back of Certificate

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39688

CERTIFICATE OF DEATH

E 39688

1—PLACE OF DEATH 2553 Madison Avenue REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Wesley Jones Jr.

(a) RESIDENCE NO. 2553 Madison Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Johnson Jones

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John W. Jones Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Julia Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Susie Bailey

(Address) 2553 Madison Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-26-28

17 I HEREBY CERTIFY, That I attended deceased from 11-25, 1928, to 11-26, 1928, that I last saw h— alive on 11-26, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia Bul. Edema

Cerebral Haemorrhage

Right Hemiplegia. Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H B Butler M. D.

, 19 (Address) 425 N. Caroline Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 11-30-1928

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson St

Spec.—2-29-28—L. F. S.—500 Bks.

E 39689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E 39689

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Glover ST., 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Simun.

(a) RESIDENCE NO. 600 N. Glover St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. 5 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Baby.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) June 22 28.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 months	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER John Simun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Rose Klement.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14

Informant John Simun.

(Address) 600 N. Glover St.

15

Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1928

17

I HEREBY CERTIFY That I attended deceased from Nov. 20, 1928, to Nov. 27, 1928, that I last saw her alive on Nov. 26, 1928 and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent R. Joska, M. D.

, 19 (Address) 845 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill Cemetery	Friday 29 1928.
20 UNDERTAKER	ADDRESS
August Pasek	2456 E. Ashland Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39690

CERTIFICATE OF DEATH.

90

E 39690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2139 Vine ST. 20-6 (WARD)

2-FULL NAME John J. Kinsey

(a) RESIDENCE NO. 2139 Vine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Justina Kinsey

6 DATE OF BIRTH (month, day, and year) Jan 15 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	74	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Bartlett Hayward Co

9 BIRTHPLACE (city or town) (State or country) Stafford Co Virginia

PARENTS

10 NAME OF FATHER Virginia Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Asked not Known

12 MAIDEN NAME OF MOTHER Asked not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Asked not Known

14 Informant Mrs Justina Kinsey

(Address) 2139 Vine St

15 Filed , 19 CHARLES C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 19 28

17 I HEREBY CERTIFY, That I attended deceased from 11/25 , 19 28, to 11/27 , 19 28

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 445 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism 2 Hypertension

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas A Carter, M. D.

11/27 1928 (Address) 2105 N Belto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL 11/30 1928

20 UNDERTAKER T. S. Marshall ADDRESS 3539 Fallwood

THIS IS VERY IMPORTANT. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39691

CERTIFICATE OF DEATH.

11-09 E 39691

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE: (No. 1015 Ridgely St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Jos. Moyer

(a) Residence No. 1015 Ridgely St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct 26 1923

7-AGE. 5 yrs. 1 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mour
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William P. Moyer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER, Edna E Clark

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14- (Informant) Wm. P [redacted] MOYER
(Address) 1015 Ridgely St

15- Filed Dec 2 1923 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-27-1928

17- I HEREBY CERTIFY, That I attended deceased from 11-25 1928 to 11-27-1928 that I last saw h[illegible] alive on 11-27-1928 and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) ... yrs. ... mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Dorn M. D.

, 19 (Address) 1127 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Pk

DATE OF BURIAL. 11-30 1928

20-UNDERTAKER. Bernard C Harle

ADDRESS 1100 S Paca St

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39692 E 39692

CERTIFICATE OF DEATH

1—PLACE OF DEATH Balto. Md.

CITY OF BALTIMORE: (No. 1823 Madison Ave) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Chas Banton

(a) RESIDENCE NO. 1823 Madison Ave WARD New Castle Del

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude P Banton

6 DATE OF BIRTH (month, day, and year) 6-20-68

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Caston, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Banton

11 BIRTHPLACE OF FATHER (city or town) Caston
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Johnson

13 BIRTHPLACE OF MOTHER (city or town) Caston
(State or country) Maryland

14 Informant Mrs Boris M. Banton
(Address) 1823 Madison Ave

15 Filed NOV 29 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-28

17 I HEREBY CERTIFY, That I attended deceased from 11-23-, 1928, to 11-28-, 1928, that I last saw h— alive on 11-27-, 1928 and that death occurred, on the date stated above, at 5,30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvulitis

(duration) unknown. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. H. Hargrier, M. D.

11-27-, 1928 (Address) 64 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Castle, Del — DATE OF BURIAL 11-29 1928

20 UNDERTAKER Chas. G Cooper — ADDRESS 714 N Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 39693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓

E 39693

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3405 Greenway ST. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Boyd Herring

(a) RESIDENCE NO. 3405 Greenway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 21 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Louise Herring

6 DATE OF BIRTH (month, day, and year) Dec 7, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Paint.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Self Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Howard McK. Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Catherine R. Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Carrie L. Herring

(Address) 3405 Greenway

NOV 29 1928 Filed 19 ALLEN JONES, M. D. Registrar

Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Nov 28, 1928.

that I last saw h[illegible] alive on Nov 28, 1928

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos. 15 ds. min

CONTRIBUTORY (Secondary) Septic Pleurisy

(duration) yrs. mos. 16 ds. hrs

18 Where was disease contracted if not at place of death? Same.

Did an operation precede death? No Date of none

Was there an autopsy? none

What test confirmed diagnosis? Assumed. St. Agnes Hosp

(Signed) Emmett F. Cleary M. D.

11/29, 1928 (Address) 608 Somerset Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Nov. 30 1928

20 UNDERTAKER Com. Fleetwood Sons — ADDRESS Norfolk Va

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39694 | 101-001 ✓ | E 39694

1—PLACE OF DEATH

REGISTERED NO. 5263

CITY OF BALTIMORE: (No. 380+ Dorchester) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Todd Judefind

(a) RESIDENCE NO. 380+ Dorchester Rd St.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the wurd)
Female	White	married

a If married, widowed, or divorced HUSBAND nf (or) WIFE of Wm B. Judefind

6 DATE OF BIRTH (month, day, and year) Sept 5-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (ur emplnyer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md

PARENTS

10 NAME OF FATHER John J. Todd

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Stewart

13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country) Md

14 Informant Mrs B. Judefind

(Address) 380+ Dorchester Rd

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

2 29 1928 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 27, 1928, that I last saw her alive nn Nov 27, 1928, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs Symptoms

(Signed) [illegible] M. D.

11/26, 1928 (Address) 54 S. Fulton Ave

*State the Disease Causing Death, nr in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Lawn

DATE OF BURIAL Nov 29 1928

20 UNDERTAKER Wm J Dickson Son

ADDRESS Mt Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39695 ✓ E 39695

CERTIFICATE OF DEATH

129

REGISTERED NO. 39-54

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Woodbrook Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elsie Emma Brown

(a) RESIDENCE NO. 2805 Woodbrook Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Ernest Brown

6 DATE OF BIRTH (month, day, and year): Dec. 28, 1873

7 AGE: Years 54 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Reuben Haines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr Harold R. Brown

(Address): 2805 Woodbrook Ave.

15 Filed: 29 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 27 '28

17 I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1928, to Nov. 27th, 1928, that I last saw her alive on Nov. 27th, 1928 and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis Endocarditis. Enlarged Liver and Interstitial Nephritis (Chronic). (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson, M. D.

Nov. 28, 1928 (Address) 3055 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Nov. 30 1928

20 UNDERTAKER: Wm Flickner Sons. ADDRESS: North & Pa

Spec.—2-29-28—L. F. S.—500 Blks.

E 39696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 ✓ E 39696

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Eutaw Pl ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maurice Swerdlow

(a) RESIDENCE NO. 2421 Eutaw Pl. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Swerdlow

6 DATE OF BIRTH (month, day, and year) July 1-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	50	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

11 Informant Sophie Swerdlow

(Address) 2421 Eutaw Place

15 NOV 29 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/28

17

I HEREBY CERTIFY, That I attended deceased (from) Nov 23rd 1928. to Nov 28 1928.

that I last saw h alive on Nov 28 1928

and that death occurred, on the date stated above, at 10:00 P.M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Beyond suspicion

(Signed) Maurice Shocket, M. D.

11/28 1928 (Address) 2225 Linden Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mutual Ass'n

DATE OF BURIAL 11-30 19 28

20 UNDERTAKER Jack Levin

ADDRESS 1439 E. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 39697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39697

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 E. Hamilton Ave St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George O. Brown

(a) RESIDENCE NO. 3300 Hamilton Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah P. Brown

6 DATE OF BIRTH (month, day, and year) Oct 4/1841

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	87	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Poultry Judge

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Alpheus Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER Adeline Patterson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Otto Scherf

(Address) 2213 Homewood Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility- Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. S. McCurdy (Coroner) M. D.

18 11/28/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.... mos.,.... ds. In the State ....yrs.... mos.... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — Date of Burial Nov 30 1928

20 UNDERTAKER George Schilling & Sons — ADDRESS 111 E Monument St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39698

E 39698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Holkins Hoslital St. 10-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Evans

(a) RESIDENCE NO. 1400 E. Monument St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Evans

6 DATE OF BIRTH (month, day, and year) Feb 14/1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John J. Evans, Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant John Evans, (Son)

(Address) 620 N. Payson St.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)
Frac. Ribs & Skull- Struck by Street Car, Monument St bet Eden & Spring Sts. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pollitt M. D.

(Coroner)

11/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Dec 1st 1928

20 UNDERTAKER George Schubert & Son ADDRESS 1126 Eutaw St

DEC 23 1928

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39699

CERTIFICATE OF DEATH.

31 E 39699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S.Marine Hospital, ST. 22-31 WARD)
Remington Ave. & Wyman Park Drive, Baltimore, Md

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bowen, LeRoy

(a) RESIDENCE NO. 819 Leadenhall St. ST., WARD 2
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messman 21

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Seaman

(c) Name of employer S/S City of Baltimore

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Bill Bowens

11 BIRTHPLACE OF FATHER (city or town) (State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Ella Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) So. Carolina

14 Informant U.S.Marine Hospital Records
(Address)

NOV 29 1928

C. RAWSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from November 13, 1928, to November 26, 1928, that I last saw him alive on November 26, 1928, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Houston G. Foster, M. D.

, 19 (Address) U. S. Marine Hospital
Baltimore, Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 11/29/28 19

UNDERTAKER Geo. J. Ruth

ADDRESS 1735 Hanford

CAUSES OF DEATH MUST BE STATED IN TERMS OF DISEASE, AND NOT MODES OF DYING. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Kris

E 39700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39700

CERTIFICATE OF DEATH.

88

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mike Kriss.

(a) RESIDENCE No. 2009 Jefferson St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. M. Kriss

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Mike Kriss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Mrs. Kriss (Address) 2009 Jefferson

15 Filed NOV 29 1928 C. HERBERT JONES, M. D. Registrar

16 Kelly,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27 1928

17 I HEREBY CERTIFY, That I attended deceased from November 1st, 1928, to November 27, 1928, that I last saw him alive on November 27, 1928, and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Sub-acute Bacterial Endocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Post-Mortem

(Signed) Evans Pratt, M. D.

11-27 1928 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemty. DATE OF BURIAL: Nov 29 1928

UNDERTAKER: Geo. F. Pratt ADDRESS: 1735 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39701

CERTIFICATE OF DEATH

90 E 39701

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE, (No. [redacted] ST., 5-8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Williams.

(a) RESIDENCE NO. 16 Colvin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Not stated

a If married, widowed, or divorced HUSBAND of (or) WIFE of 3-16

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If UESS than 1 day, hrs. or min.
74				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] Registrar

NOV 29 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-28

17 I HEREBY CERTIFY, That I attended deceased from 3-16, 19 28, to 11-25, 19 28, that I last saw him alive on 11-25, 19 28 and that death occurred, on the date stated above, at 4 10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic + Acute

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 11/29, 19 28

20 UNDERTAKER John J. Fahey Sons — ADDRESS 1318 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39702

CERTIFICATE OF DEATH.

31 E 39702

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 19-24 (WARD)

2-FULL NAME Lulu Armstrong

(a) RESIDENCE NO. 907 Pennsylvania ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Dave Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Martha Asken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed NOV 29 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1928, to Nov. 26, 1928, that I last saw her alive on Nov. 26, 1928 and that death occurred, on the date stated above, at 10.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & clinical

(Signed) Henry C Smith, M. D.

11-26-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 11/29 1928

20 UNDERTAKER John J Fahey & Sons

ADDRESS 1318 Eight St

Spec.—1-10-21—M&T—1500 Bks.

229 12 E 39703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39703

CERTIFICATE OF DEATH.

49

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 26-37 WARD)

2-FULL NAME George Herl

(a) RESIDENCE NO. 3819 Foster Ave ST., 26 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Rose E. Herl.

6 DATE OF BIRTH (month, day, and year) April 24th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profesion or particular kind of work ..... None Former

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R.R. Brakesman

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John G. Herl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Friends

(Address) .....

15 Filed JUL 29 1926 C. HAMILTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov. 26, 1928, that I last saw him alive on Nov. 26, 1928, and that death occurred, on the date stated above, at 12 5-4P m.

The CAUSE OF DEATH* was as follows

Carcinoma of Prostate

(duration) (?) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H. C. Smith M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Nov 30 1928

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39704

CERTIFICATE OF DEATH

90

REGISTERED NO. E 39704

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1641-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nannie Holley

(a) RESIDENCE NO. 1042 Argyle Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexander Holley

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Dk known

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Dk known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Albert Coleman

(Address) 1042 Argyle ave

15 Date received NOV 30 1928 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/28

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 27, 1928,

that I last saw h.. alive on Nov 27, 1928

and that death occurred, on the date stated above, at 9.50 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency (duration) undetermined

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) B Hanes, M. D.

11/27, 19 28 (Address) Providence Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	11-30 1928

20 UNDERTAKER David Corbin

ADDRESS 916 Cal ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39705
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

8 E 39705
REGISTERED NO.

City of BALTIMORE: (No. 252 Schroeder St. 18-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Roy

(a) RESIDENCE NO. 252 Schroeder St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Shpland Roy

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	38	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N.W

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Miss.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Shpland Roy

(Address) 252 Schroeder

15 Filed ..... 19..... THOMPSON JONES, M. D.
Registrar

NOV 30 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry.
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Frazier M. D.
(Coroner)

11/2, 1928 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grenada Miss. Date of Burial 11-30-28

20 UNDERTAKER David Easton & Bro. ADDRESS 916

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39706 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39706

101-901

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 17-25

CITY OF BALTIMORE: (No. 1105 Penna Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward J. Smith

(a) RESIDENCE NO. 1105 Penna Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wh.	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maggie Smith

6 DATE OF BIRTH (month, day, and year) Aug 8 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edw & Smith

(Address) 1105 Penna ave

15 Filed Nov 30 1928, H. TAYLOR JONES, M. D. Registrar

By [illegible]

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24 1928 to Nov. 29 1928

that I last saw him alive on Nov. 28 1928

and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Wagner M. D.

11/29 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 1 1928

20 UNDERTAKER Daniel Fenton — ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

E 39707 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39707

Countess

90

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Balto City Hospital St. 16-23 Ward

2-FULL NAME Virginia Countess

(a) RESIDENCE NO. 1347 Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Countess

6 DATE OF BIRTH (month, day, and year): June 15 1899

7 AGE — Years: 29 Months: 5 Days: 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto City

PARENTS

10 NAME OF FATHER: Thomas Allen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto City

12 MAIDEN NAME OF MOTHER: Lizzie Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Md

14 Informant: Joseph Countess

(Address): 1347 Stockton St

15 Filed NOV 30 1928 by HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) 7 yrs. mos. 3 ds.

(Signed) James M. Pinlow M. D. (Coroner)

11 29 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1347 Stockton St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Nov 30 1928

20 UNDERTAKER: Thomas E. Nelson. ADDRESS: 303 Preston St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39708

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 39708

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 902 Whatcoat St. 16-22 Ward

2-FULL NAME Jas R. Samuels

(a) RESIDENCE NO. 902 Whatcoat St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgie Samuels

6 DATE OF BIRTH (month, day, and year): Oct 15 1875

7 AGE — Years: 53 Months: 1 Days: 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Horseler. Ost

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Richard Samuels

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth King

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Georgie Samuels

(Address) 902 Whatcoat St

15 Filed NOV 30 1928 Per _____

C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Lush M. D.

(Coroner)

Nov 27 1928 (Address) Northern Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Dec. 2 1928

20 UNDERTAKER: Thomas A. Kelson — ADDRESS: 1303 Pennsylvania Ave

OF DEATH is plainly written, so that a copy may be readily very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39709

91-002

CERTIFICATE OF DEATH.

E 39709
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Madison ave Pct. 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elnora Murdaugh

(a) RESIDENCE. No. 1805 Madison Ave ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Murdaugh

6 DATE OF BIRTH (month, day, and year) ? 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mary W yatt 1805 Madison ave

15 [illegible] C. HAMILTON JONES, M. D. Physician.

NOV 30 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1928 to Nov 28 1928

that I last saw h[illegible] alive on Nov 28 1928

and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) unknown ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. T. Carbaugh M. D.

Address 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waverly, Va.	11/30/ 1928

20 UNDERTAKER Wm. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

CAUTION—Do not fill in the blanks with ink, pencil or pen. TYPEWRITER is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39710

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 W. Fayette St. 4-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Remeikis

(a) RESIDENCE NO. 708 W. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Remeikis

6 DATE OF BIRTH (month, day, and year) No 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Adom Remeikis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mary Remeikis

(Address) 708 W Fayette Street

15 Filed 11-29, 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Nov. 27, 1928, that I last saw him alive on Nov. 26, 1928, and that death occurred, on the date stated above, at 8:0 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas M. D.

(Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOLY REDEEMER

DATE OF BURIAL Dec. 1, 1928

20 UNDERTAKER John Grebliauckas

ADDRESS 1932 S Paca St

TION is very important. See instructions on back of certificates.

NOV 30 1928 M. JONES

Spec.—1-10-21—M&T—1500 Bks.

E 39711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 33 E 39711

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25-72 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alzena Boyer

(a) RESIDENCE NO. 55 Stevens St Gettysburg Pa
(Usual place of abode) ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Boyer

6 DATE OF BIRTH (month, day, and year) Nov 12 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Pa. Biglerville

PARENTS

10 NAME OF FATHER ~~Not given~~ Wm H Sawyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Biglerville, Pa

12 MAIDEN NAME OF MOTHER Annie M. Tool

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Adams Co. Pa

14 Informant John Boyer

(Address) 55 Stevens St Gettysburg Pa

15 NOV 30 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-19- 1928, to 11-29 1928, that I last saw h alive on 11-29 1928 and that death occurred, on the date stated above, at 4 10 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx
Tuberculosis Pulmonalis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/10/28

Was there an autopsy? Not

What test confirmed diagnosis? Biopsy & Operation

(Signed) Dr. R. M. Criscor, M. D.

11/29/1928 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gettysburg, Pa — DATE OF BURIAL Dec 1 1928

20 UNDERTAKER Wm J Tucker, Sons — ADDRESS Gettysburg Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Rufus M Musgrave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39712

CERTIFICATE OF DEATH.

X 117 E 39712

1-PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. Howard & Madison ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME R. M. Musgrave

(a) RESIDENCE NO. Huntingdon, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Bleris Musgrave

6 DATE OF BIRTH (month, day, and year): 12-28-1888

7 AGE: Years 39 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: George Musgrave

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Jane Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Hospital Record

15 Filed NOV 30 1928 S. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Nov 28, 1928, that I last saw him alive on Nov 28, 1928, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 6

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) H. L. Rutzebeck, M. D.

Nov 28 1928 (Address) Md. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ellis N. Caroline

DATE OF BURIAL 30 Nov 1928

20 UNDERTAKER: Wm Cook

ADDRESS 11/30/28

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39713

CERTIFICATE OF DEATH

90 E 39713

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 10 37

CITY OF BALTIMORE: (No. [redacted] ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Perkins

(a) RESIDENCE NO. None ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1844

7 AGE: 84 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy factory

(b) General nature of industry, business, or establishment in whirh employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Miss.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 .....

Registrar

NOV 30 1928 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-28-28

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1918, to 11-28, 1928, that I last saw h alive on 11-28, 1928 and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Hypertension

Embolism (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, Rt. with aphasia (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) H. M. Hitch M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 12/ 1928

20 UNDERTAKER: W M Cook — ADDRESS: 502 E. North Ave

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39714

CERTIFICATE OF DEATH.

170

REGISTERED No. E 39714

1-PLACE OF DEATH

City of BALTIMORE: (No. 551 Calon ave. 20-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolf Morsburger

(a) RESIDENCE NO. 551 Calon ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 51 Months - Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 30
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER John C. Morsburger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ger.

12 MAIDEN NAME OF MOTHER Buchmann

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Brother
(Address)

15 Filed ..... 19.. HAMPSON JONES, M. D.
Registrar

NOV 30 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Pistol ball through Liver

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Brack M. D.
(Coroner)

11-28 1928 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 11/30 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

OF DEATH in pencil (ink), or copy it very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 39715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) St. 19-28 WARD)

2-FULL NAME James Doyle

(a) RESIDENCE NO. 1114 S. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Doyle

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57.	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Struction work

(c) Name of employer dont Know

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward McGuigan

(Address) 1603 Aisquith St

15 Filed V 30 1928 C. HARRISON JONES, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/14, 1928, to 11/28, 1928, that I last saw him alive on 11/28, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 11/28/28

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Drs Gibbs & Gibbs, M. D.

11/28, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cem. DATE OF BURIAL Dec. 1st 1928

20 UNDERTAKER A. Jones ADDRESS W. S. Gilmor

CAUSE OF DEATH: In plain terms, so that any one may understand. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

464 E 39716

1—PLACE OF DEATH

REGISTERED NO. 1357

CITY OF BALTIMORE (No. 4108 Roland Av. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie M. Hecklinger

(a) RESIDENCE NO. 4108 Roland Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick E Hecklinger

6 DATE OF BIRTH (month, day, and year) Oct 25 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N Y.

PARENTS

10 NAME OF FATHER Geo C. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y

14 Informant Fred E. Hecklinger

(Address) 4108 Roland Ave

15 Filed NOV 30 1928 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Nov 28, 1928 that I last saw h alive on Nov 28, 1928 and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovaries & Carcinomatosis of Peritoneum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of Sept 5 1925

Was there an autopsy? yes

What test confirmed diagnosis? Pathological exam

(Signed) W W Smith, M. D.

Nov 29, 1928. (Address) 342 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Nov 30 1928
20 UNDERTAKER John O Mitchell	ADDRESS Dons 19 W Eutaw

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39717

CERTIFICATE OF DEATH

90 E 39717

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2612 N. Calvert ST., (WARD) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addie L. Bailey

(a) RESIDENCE NO. 2612 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Bailey.

6 DATE OF BIRTH (month, day, and year) Retirement

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bridgeton Maine

PARENTS

10 NAME OF FATHER William G. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Susan Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant John M. Bailey (Address) 2409 Walbrook Ave

15 Filed NOV 30 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1928, to Nov 29, 1928, that I last saw h[illegible] alive on Nov 25 - 1928 and that death occurred, on the date stated above, at 9.45 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency with cardiac disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Martin Cole, M. D.

11/30, 1928 (Address) 2612 Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 31 1928

20 UNDERTAKER John C. Mitchell & Son ADDRESS 1700 E. Balto St

Important: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39718

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 39718

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST. 2-1-37 WARD)

2—FULL NAME Eula Lee.

(a) RESIDENCE NO. 815 Pierpoint ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Robt -

6 DATE OF BIRTH (month, day, and year)

7 AGE 32	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thos Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed ____, 19____ C. HAMPSON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28-28

17 I HEREBY CERTIFY, That I attended deceased from 10-29, 19 28, to 11-28, 19 28, that I last saw h alive on 11-28, 19 28 and that death occurred, on the date stated above, at 2 00 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Aortic insufficiency

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. 2 mos. ds.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. & Rx + Lyt

(Signed) H. W. Hitch M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Md.

DATE OF BURIAL Dec 1 19 28

20 UNDERTAKER Adolphus Halstead

ADDRESS 404 N Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Care statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39719

CERTIFICATE OF DEATH.

129 E 39719

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1913 Eastern Ave St. 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Doyle

(a) RESIDENCE NO. 1913 Eastern Ave St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) Fish Fert Factory

(c) Name of employer Reedville, Va.

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lawrence Doyle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Eliz. Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Sadie Vandorne

(Address) 1913 Eastern Ave

15 Filed 19 By

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio Vascular Disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary) Possible Nephritis

(duration) .....yrs. .....mos. .....ds.

(Signed) O K Cook M. D.
(Coroner)

11/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Dec. 1st 1928

20 UNDERTAKER Lilly & Zadeck Inc ADDRESS 403 S. Wolfe St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39720 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 16-37 ST. WARD) 118-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Siebenhaar.

(a) RESIDENCE NO. 700 S. Eaubling ST. 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Burkhardt Siebenhaar

6 DATE OF BIRTH (month, day, and year) Jan 6 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Heim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Rotch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Katherine Seiler (Daughter) 700 S. Eaubling St.

15 Filed 11 30 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 27 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/27, 1928, to 11/27, 1928, that I last saw h alive on 11/27, 1928, and that death occurred, on the date stated above, at 10:03 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/27/28

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) P. M. Ericson, M. D.

, 19 (Address) St Agnes' Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery DATE OF BURIAL Dec 1st 1928

20 UNDERTAKER Lilly & Julien Inc. ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39721

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (S.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary E. Bausman

(a) RESIDENCE NO. 1529 Abbotson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Auburn yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. George Bausman

6 DATE OF BIRTH (month, day, and year) May 2nd 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER George Swern

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland

14 Informant Elizabeth Trimble

(Address) 1529 Abbotson St.

Filed NOV 30 1928 C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1928

17 I HEREBY CERTIFY, That I attended deceased from November 27, 1928, to November 28, 1928, that I last saw he alive on November 28, 1928, and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
Pulmonary Edema

(duration) yrs mos (hrs) ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant Hill Cemetery	Dec 1 1928
UNDERTAKER	ADDRESS
Fredk Lassahn & Sons	Fulberton

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of DISEASE is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39722

CERTIFICATE OF DEATH

90 E 39722

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1814 Linden ave ST. 14-20 WARD)

2—FULL NAME Bennie B Wyner

(a) RESIDENCE NO. 1814 Linden ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Wyner

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE — Years: 57 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ladies Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

080

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Laib B. Wyner

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hasan —

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant: Rose Wyner

(Address): 1814 Linden ave

15 Filed NOV 30 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/29/28

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928 to Nov 29, 1928

that I last saw h alive on Nov 29, 1928

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis Weinstein M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hessen Rm

DATE OF BURIAL: 11/30 19 28

20 UNDERTAKER: Jack Lewis 1439 Eutaw St

ADDRESS

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(John Griffin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39723

CERTIFICATE OF DEATH.

31 E 39723

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Gilmor St. 15-21 WARD)

2-FULL NAME Patty — or John Griffin.

(a) RESIDENCE NO. 1636 Gilmor ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 28-1904

7 AGE: Years 24 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Riceton Pa

PARENTS

10 NAME OF FATHER: John Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mary Griffin 1636 Gilmor St

15 NOV 30 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/1 1928 to 11/27 1928, that I last saw h alive on 11/26 1928, and that death occurred, on the date stated above, at 6-25 M.

The CAUSE OF DEATH* was as follows:

P. Thyas

(duration) yrs 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Benj. Curtis, M. D.

11/27 1928 (Address) 1636 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 30 1928

20 UNDERTAKER: Virginia A Brooks ADDRESS: 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39724

CERTIFICATE OF DEATH

91-002 E 39724

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. 1539 Woodyear St. 15-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret V. Lawson.

(a) RESIDENCE NO. 1539 Woodyear St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jon N. Lawson

6 DATE OF BIRTH (month, day, and year): April 4 1860

7 AGE: Years 68 Months 7 Days 19 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in whirh employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Concord Co.

(State or country) Va

PARENTS

10 NAME OF FATHER: Edmund Walker

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER: Ann Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant: Mrs Lawson

(Address) 1539 Woodyear

15 Filed NOV 30 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 3rd, 19 28 to Nov 28, 19 28

that I last saw h alive on Nov 28, 19 28

and that death occurred, on the date stated above, at 10.05 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Complications)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetis

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. E. Gill, M. D.

19 (Address) 1138 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial Dec 1 1928

20 UNDERTAKER: Virginia A Brooks ADDRESS 1463 N Carey St

(Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—1-10-21 M&T 1500 Blks.

E 39725

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 39725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1905 W North Ave (St.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel S. Henderson

(a) RESIDENCE NO. 1905 W North Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Bernard Henderson

(Address) 1905 W North Ave

15 Filed NOV 30 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1928, to Nov 27, 1928, that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) x yrs. x mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pneumococcus Empyema

(Signed) J. Edw Talbot, M. D.

11/28, 1928 (Address) 1335 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 1 1928

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39726

CERTIFICATE OF DEATH.

129 E 39726

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 Mc Culloh St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Groz

(a) RESIDENCE NO. 1420 Mc Culloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic servic

(b) General nature of industry, business, or establishment in which employed (or employer): maid

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

14 Informant Alexander Queen

(Address) 1420 Mc Culloh St

NOV 30 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28/1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1928, to Nov. 28, 1928, that I last saw h[illegible] alive on Nov. 27, 1928 and that death occurred, on the date stated above, at 10:50 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Pyelonephritis (duration) 2 yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) John H. Thompson, M. D.

, 19 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12-1-28

20 UNDERTAKER: Geo. T. A. Gibson ADDRESS 1735 Druid Hill Ave

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39727

CERTIFICATE OF DEATH.

49

E 39727

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4003 N. Charles (St.) 12-49 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Baynes Mackea.

(a) RESIDENCE No. 4003 N. Charles. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Mackea.

6 DATE OF BIRTH (month, day, and year) Sept 14-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Wm H Baynes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington Delaware

12 MAIDEN NAME OF MOTHER Sarah Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland.

14 Informant Daniel Mackea.

(Address) 4003 N. Charles St.

15 Filed NOV 30 1928 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1, 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Oct 29, 1928, that I last saw h[illegible] alive on Oct 28, 1928, and that death occurred, on the date stated above, at 1:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast

(duration) yrs 1 mos 14 ds.

CONTRIBUTORY [redacted]

(Secondary) [redacted] (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Surgery Symptoms

(Signed) Geo L. Keller M. D.

Nov 30 1928 (Address) 2246 E. 30th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec 1 1928
20 UNDERTAKER	ADDRESS
Dugdale & Jones Inc	641 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 39728
Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1041 Sarah Ann St. 18-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dinah Billups

(a) Residence No. 1041 Sarah Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, Col

5-Single, Married, ~~Widowed~~ Widowed, or Divorced, (Write the word.) Widowed

5a-If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ WIFE of William Billups

6-DATE OF BIRTH (month, day and year) unknown

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Hanover Co., Va.

PARENTS.

10-NAME OF FATHER, Robert James

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Hanover Co., Va.

12-MAIDEN NAME OF MOTHER, Martha Ross

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Hanover Co., Va.

14- (Informant) Ruby Johnson

(Address) 1041 Sarah Ann St

15- Filed NOV 30 1928 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-28-28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20 1928, to Nov 28 1928,

that I last saw h~~er~~ alive on Nov 28, 1928,

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio renal disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Mallo Williams, M. D.

11-29, 1928 (Address) 1830 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Richmond, Va. DATE OF BURIAL, Dec 1, 1928

20-UNDERTAKER, Mrs. Kate R. Williams ADDRESS 322 N. Schroeder St

Instructions on back of certificate.

Spec.—1-10-21—M&T—500 E 39729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39729

CERTIFICATE OF DEATH.

1100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST. WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Kelly

(a) RESIDENCE No. 1031 N. Eutaw St., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) O'D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Joseph Yates

(Address) 657 Sterling St

Filed NOV 30 1928 H. HANSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1928, to Nov. 26, 1928, that I last saw h alive on Nov. 26, 1928, and that death occurred, on the date stated above, at 4 1/2 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) C. Zumwalt M. D.

, 19 (Address) St Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Nov 30, 1928

20 UNDERTAKER Mrs. Kate R Williams — ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 39730

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Fountain ST. 2-4 WARD)

REGISTERED NO. E 39730

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maranda Strohl

(a) RESIDENCE NO. 2000 Fountain ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Strohl

6 DATE OF BIRTH (month, day, and year) Aug. 23-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. Glover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs. Caroline Hancock

(Address) 632 S. Ellwood Ave

15 Filed NOV 30 1928 SAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/23, 19 8, to 11/29, 19 8, that I last saw h alive on 11/28, 19 8 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Dyspepsia Nephritis
Arterial Sclerosis & Hypertension

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
Dent. pontine (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jay A. Shriver, M. D.

. 19 (Address) 1625 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Dec. 1 1928
20 UNDERTAKER George W Zirkler	ADDRESS 1737 E Eas[illegible] St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39731

CERTIFICATE OF DEATH.

129 E 39731

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST. 7-24 WARD)

2-FULL NAME Oliver Freeman.

(a) RESIDENCE NO. 1234 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8th 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur. 23

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Georgia Wright.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Marine Hospital Baltimore

15 Filed NOV 30 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 28, 1928, that I last saw him alive on Nov 28, 1928 and that death occurred, on the date stated above, at 10.00 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease. Aortic regurgitation

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Chronic parenchymatous Nephritis.

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical History

(Signed) Founding P. Houston Jones, M. D.

, 19 (Address) U.S. Marine Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Md.

DATE OF BURIAL Dec 1 1928

20 UNDERTAKER E. LeRoy Steffey

ADDRESS 1255 Mad Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39732

CERTIFICATE OF DEATH.

88 ✓

E 39732

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2696 Wilkens St. 20th Ward)

2-FULL NAME Thos. Sick

(a) RESIDENCE NO. 2696 Wilkens St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Mary.

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Thos. Sick

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Informant John Sick

(Address) 40 S. Fulton Ave

OV 30 1928

Filed ... 19 ...

HAMPSON JONES, M. D.

Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. 6 mos. ... ds.

(Signed) Chas. H. Brosius M. D.

(Coroner)

11/28 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery Date of Burial 11/1 1928

20 UNDERTAKER Fred C. Thomerson ADDRESS 763 Hamburg

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39733

REGISTERED No. C 39733

1 PLACE OF DEATH Sinai Hospital
Hillsdale Baltimore

CITY OF BALTIMORE (No. 8-44 ST.; WARD) If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2 FULL NAME Harry James Timm.

(Residence in Baltimore: No. 2026 Clifford Ave. St.; yrs. mos. ds.)
Cliftwood Gar

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 31, 1925. (Month) (Day) (Year)

7 AGE: 3 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Harry James Timm Sr

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Rossiter.

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hospital Record
(Address)

15 Filed 191
Per REGISTRAR
C. HAMPSON JONES, M. D.

V 26 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 28, 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 21, 1928, to Nov 28 1928, that I saw him alive on Nov 28, 1928, and that death occurred, on the date stated above, at 6:00 p.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine.

(Duration) yrs. 11 mos. ds.

Contributory (SECONDARY) Tuberculous Meningitis.

(Duration) yrs. mos. ds.

(Signed) Clement K. Monroe M. D.

Nov 28, 1928 (Address) Sinai Hospital, Hillsdale Baltimore Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. 9 mos. 7 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? at home.
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 12-1 1928

UNDERTAKER: E B Lasker — ADDRESS: 115 E West St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1986 0 E 39734 — E 39734

CERTIFICATE OF DEATH.

16-002

REGISTERED NO.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 26-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Mugrage

(a) RESIDENCE NO. 1075 Ilean St ST., WARD W. H. Devonshire i.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-19-28

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
		2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Laurence Mugrage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Lera Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friends -
(Address)

15 NOV 30 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 16 1928 to Nov 26 1928, that I last saw her alive on Nov 26 1928, and that death occurred, on the date stated above, at 7 25 a m.

The CAUSE OF DEATH* was as follows:

Streptococcus pneumonia complicated by Bacillary Dysentery Type F.I

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) Dorman Berman, M.D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL NOV 30 1928

20 UNDERTAKER Dept Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39735 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH 90 E 39735

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 17-2 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maria Gillis

(a) RESIDENCE NO. 501 Ogston ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widow

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Gillis

6 DATE OF BIRTH (month, day, and year) April 8-1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Steven Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-28

17 I HEREBY CERTIFY, That I attended deceased from 10-9 19 28, to 11-27 19 28, that I last saw her alive on 11-27 19 28, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) yrs. mos. 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Hitch, M. D.

12-30 19 28 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion DATE OF BURIAL Dec 2 19 28

20 UNDERTAKER Sam'l W. Chase & Son ADDRESS 1400 Madison

DEC 30 1928

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Smigelski

E 39736

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 39736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. No 36 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Smigelsky

(a) RESIDENCE NO. Maple Eye St Helena WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE: Hafid Smigelski

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Galicia

PARENTS

10 NAME OF FATHER: Leo. Smigelski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Galicia

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Galicia

14 Informant (Address): Sofie Smigelski Dundalk Md.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928, to Nov 29, 1928, that I last saw him alive on Nov 29, 1928, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Car. Fedrie ulcer

(duration) 1 yr 1 mos de.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. de.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) DC Zimmerman M. D.

(Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bridge Port Con. DATE OF BURIAL: 12/1 1928

20 UNDERTAKER: J W Brazerwood ADDRESS: 1930 Eastern

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39737 — 31 — E 39737

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 W. Saratoga ST., 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Tummminello.

(a) RESIDENCE NO. 662 W. Saratoga ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If foreign birth? 22 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carmelo Tummminello.

6 DATE OF BIRTH (month, day, and year) Apr. 15, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cefalu (State or country) Italy.

PARENTS

10 NAME OF FATHER Antonio Imbraguglio

11 BIRTHPLACE OF FATHER (city or town) Cefalu (State or country) Italy.

12 MAIDEN NAME OF MOTHER Salvatora Palacardo

13 BIRTHPLACE OF MOTHER (city or town) Cefalu (State or country) Italy.

14 Informant Antonio Imbraguglio

(Address) 1605 W. Fayette St.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

NOV 30 1928

Dep. ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Nov. 28, 1928, that I last saw her alive on Nov. 27, 1928 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None done

(Signed) S. A. Tummminello, M. D.

, 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 1, 1928
20 UNDERTAKER John F. Cowan & Son	ADDRESS 1201 Gorsuch Ave

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 W. Lemmon ST. 24-29 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Lanahan,

(a) RESIDENCE No. 772 W Hamburg ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white.	widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Lanahan.

6 DATE OF BIRTH (month, day and year) March 13 "

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
73	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Balthasar Lang.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Mary A Lanahan,
(Address) 772 W Hamburg St.

15 Filed NOV 30 1928, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 " 19 28,

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 27, to Nov. 29, 19 28,
that I last saw her alive on Nov 28, 19 28
and that death occurred, on the date stated above, at 5 10 A M.

The CAUSE OF DEATH* was as follows:

Diabetes
& Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Jones, H. Burbert M. D.

Nov. 30 1928 (Address) 2406 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 3 1928

UNDERTAKER Jones Howard Co

ADDRESS Baltimore Md

CAUSE OF DEATH to plain terms, so that it may be properly classified. EXACT statement of CONDITION is very important. See instructions on back of certificates.

NOV 30 1928

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Libby
E 39739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 39739

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 411 S. Collington Ave ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Loretta Nieberline

(a) RESIDENCE NO. 411 S. Collington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Leonard Nieberline

6 DATE OF BIRTH (month, day, and year) Jan. 24. 1893

7 AGE — Years: 35 — Months: 10 — Days: 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER James Lorman

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Stucke

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Leonard Nieberline
(Address) 411 S. Collington Ave

15 FILED 1928 C. HAMPSON JONES, M. D. Registrar
Per RPN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28. 1928

17

I HEREBY CERTIFY, That I attended deceased from January. 1928. to Nov. 28. 1928.

that I last saw her alive on Nov. 28. 1928

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage occurred 3 days previous (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Libby, M. D.

. 19 (Address) 432 S. Patterson Park Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec 2 19 28

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimor St & Broadway

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39740

CERTIFICATE OF DEATH

101-001 E 39740

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 311 S. Robinson ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Heidhardt

(a) RESIDENCE NO. 311 S. Robinson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Can maker

(c) Name of employer Continental Can Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER George J. Heidhardt

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia C. Schreiner

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Sophie C. Heidhardt
(Address) 311 S. Robinson St

15 Filed NOV 30 1928 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov 30, 1928, that I last saw him alive on Nov 30, 28 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. H. Herrman M. D.

Nov 30 1928 (Address) 2136 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
First Evangelical Cemetery	Dec 3 1928
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc	Baltimore St & Broadway

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 188 E 39741

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mt Royal & North Ave Ward 13-20

2-FULL NAME Inez S. Harryman

(a) RESIDENCE NO. Sparrow Point Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chauncey Harryman

6 DATE OF BIRTH (month, day and year): Jan 17-1903

7 AGE — Years: 25 — Months: 5 — Days: 12 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Cuba.

(State or country)

PARENTS

10 NAME OF FATHER: Arthur S. Lindley

11 BIRTHPLACE OF FATHER (city or town): N. J.

(State or country)

12 MAIDEN NAME OF MOTHER: E. W. Lerwig

13 BIRTHPLACE OF MOTHER (city or town): Cuba

(State or country)

14 Informant: Chauncey Harryman

(Address) Sparrow Point Md

Nov 30 1928

By HAMPSON JONES, M. D.

Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ... yrs. ... mos. ... ds.

(Signed) H. E. Funk M. D.

Nov 30 19 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Mt Royal & North Ave

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Harryman Cemetery, Balto Co. Date of Burial: Dec 1 1928

20 UNDERTAKER: John B. Spence ADDRESS: 1325 N Carolina St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39742

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Joseph B Hyde

(a) RESIDENCE NO. Nashville, N.C. ST., Route #2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Essie Hyde

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Ben Hyde

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Matt James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Woods

(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] C. HAMPSON JONES, M. D.

NOV 30 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov 30, 1928, that I last saw h[illegible] alive on Nov 30, 1928 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 24

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I Ridgeway Trimble, M. D.

Nov 30 1928 (Address) I. Ridgeway Trimble

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rocky Mount N.C.	Dec 2 1928
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Main

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 39743

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Northway, Guilford ST.) 12-49 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George F. Whiting

(a) RESIDENCE NO. 307 Northway, Guilford ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora L. Church

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Crystal Ice

(c) Name of employer Company

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Luther Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Sarah Lara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unobtainable

14 Informant Mrs. Nora L. Whiting

(Address) 307 Northway

15 Filed 30 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 11" 1923 to Nov. 29" 1928, that I last saw h.im alive on Nov 29" 1928 and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Coronary arterio sclerosis),

(duration) 5 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jouis P. Hamburger, M. D.

Nov 30, 1928 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	12/1 19 28

20 UNDERTAKER Henry U. Mears & Son ADDRESS 805 N. Calvert

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39744 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39744

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No.) 317 Light St., (Ward) 129

Registered No. 1439

2-FULL NAME... Anton L. Reichert

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 317 Light St., 14 Ward

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M.

4-COLOR OR RACE: W

5-CONDITION: Married (Write the word.)

5a-If married, widowed or divorced, HUSBAND of (or WIFE of): Magdalina Reichert

6-DATE OF BIRTH (month, day and year): — — 1850

7-AGE: 78 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Bricklayer

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

11- (Informant): Mrs. Winifred Reichert

(Address): 1317 Light St

15- ... 192... Registrar.

C. HAMPSON JONES, M.D.

Per ...

NOV 30 1928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 28 28

17- I HEREBY CERTIFY, That I attended deceased from May 1 1928 to Nov 28 1928 that I last saw him alive on Nov 28 1928 and that death occurred, on the date stated above, at 8:30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(Duration) 15 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(Duration) ... yrs. 1 mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry Hueber Cummings M. D.

Nov 30 1928 (Address) 933 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/1 1928

20-UNDERTAKER: J. T. Talley & Sons

ADDRESS: 1318 Light St

instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39745

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Calverton Heights Ave (STREET) (WARD)

2-FULL NAME Margaret Matthias

(a) RESIDENCE NO. 2308 Calverton Heights Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Matthias

6 DATE OF BIRTH (month, day, and year) May 31 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John Zollers

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant August Matthias

(Address) 2308 Calverton Heights Ave

15 Filed NOV 30 1928, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 - 1928. to Nov 29 1928.

that I last saw her alive on Nov 29 1928.

and that death occurred, on the date stated above, at 5:55 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Acute Cardiac dilatation

CONTRIBUTORY (Secondary) (duration) yrs mos 3 0 ds. Arterio Sclerosis

(duration) mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? Clinical

(Signed) M C Freilinger M.D.

11/30 1928 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Dec 3 1928

20 UNDERTAKER The Chas. John M. Feipel & Son ADDRESS 801 W. Fayette

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39746

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Fort Ave ST.) (WARD 12-32)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth M. Lucke

(a) RESIDENCE NO. 109 N. Fort Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Lucke

6 DATE OF BIRTH (month, day, and year): Mar. 24. 1866

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry Griebe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertha E. Stiebel

(Address) 109 N. Fort Ave

15 Filed . 19 C. HAMPSON JONES, M.D. Registrar

NOV 30 1928

Rec.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov. 29, 1928, that I last saw h[illegible] alive on Nov 29, 1928, and that death occurred, on the date stated above, at 11.55 a. m.

The CAUSE OF DEATH* was as follows: Uraemic Coma

(duration) 4 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Uraemic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins M. D.

Nov 30 1928 (Address) 1 E Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 1 1928.

UNDERTAKER: Mr. & Mrs. J. N. Teufel & Son — ADDRESS: 601 N Fayette

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39747

HEALTH DEPARTMENT—CITY OF BALTIMORE

49

E 39747

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1437 Andrew St. St., 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Scott

(a) RESIDENCE NO. 1437 Andrew St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 1 ds. How long in U. S., if foreign birth? - yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Allen

6 DATE OF BIRTH (month, day, and year) July 17, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Plumbing work

(c) Name of employer Balto. Steamship Co.

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER John J. Scott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md

12 MAIDEN NAME OF MOTHER Barbara Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant Mrs. Agnes Scott.

(Address) 1437 Andrew St.

15 Filed 30 1928 19 HAMPSON JONES, M. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28, 1928.

17 I HEREBY CERTIFY, That I attended deceased from August 5, 1928, to November 27, 1928, that I last saw him alive on November 27, 1928 and that death occurred, on the date stated above, at 2 10 p.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis of abdominal viscera with obstruction

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of Aug 21/28

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) J. M. Miller, M. D.

11/28, 1928 (Address) 1636 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	Dec. 1, 1928
20 UNDERTAKER	ADDRESS
Chas L. Storm	1501 E Fort Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 39748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39748

49

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N. Washington St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Virginia Hoover

(a) RESIDENCE No. 1821 N. Washington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Frank P. Hoover

6 DATE OF BIRTH (month, day, and year): Oct. 4th 1862

7 AGE: Years 66 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Virginia Martigue

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Frank P. Hoover 1821 N. Washington St.

15 Nov 30 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 29th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1928

that I last saw h alive on Nov 28, 1928, 6 p. m.

and that death occurred, on the date stated above, at 12 00 a. m.

The CAUSE OF DEATH* was as follows:

Cancer Bladder

One year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. T. Riley, M. D.

Nov 30 1928 (Address) 1 E 39 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 12/1 1928

20 UNDERTAKER: E. J. Fanning, Inc. 1938 E. Lafayette — ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—13-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39749

CERTIFICATE OF DEATH.

183 E 39749

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paul Jones

(a) RESIDENCE NO. 1524 Mulligan St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	about 27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer? 10 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.?

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Police Records

(Address)

15 Filed C. HAMPSON JONES, M. D.

Per Registrar

OCT 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Nov 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage-Pistol shot wound right artery.(femoral) Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/28/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Nov 1, 1928

20 UNDERTAKER Geo. J. Ruth ADDRESS 1735 Gorsuch Ave

Or if important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39750 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39750

CERTIFICATE OF DEATH. X 139

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 14-20 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Howard Stockley

(a) RESIDENCE NO. Keller Virginia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, (Married) Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James William Stockley

6 DATE OF BIRTH (month, day, and year) Jan 27 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or .... min.
53	53	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Moppsburg
(State or country) Virginia

PARENTS

10 NAME OF FATHER Nathaniel Savage Howard

11 BIRTHPLACE OF FATHER (city or town) Accomac Co
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annabelle Taylor

13 BIRTHPLACE OF MOTHER (city or town) Norfolk
(State or country) Virginia

14 Informant (Address) James William Stockley (husband) Keller Virginia

15 Filed 1-1928 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1928

17

I HEREBY CERTIFY, That I attended deceased from November 7, 1928, to November 30, 1928, that I last saw her alive on November 20, 1928, and that death occurred, on the date stated above, at 10 22 P. m.

The CAUSE OF DEATH* was as follows:

Myomata Uteri

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism 15 min

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov 10 28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earle P Clemson, M. D.

19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keller Accomac Co Va.

DATE OF BURIAL Dec 1st 1928

20 UNDERTAKER Henry H Jenkins Sons

ADDRESS Accomac & Onancock

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39751

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. 4 S. Ellwood Ave. Ward) 1-2

2-FULL NAME Norman M. Cummings

(a) RESIDENCE NO. 4 S Ellwood Ave. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nina Cummings

6 DATE OF BIRTH (month, day, and year) Jan 3, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Gibbs Fencing

9 BIRTHPLACE (city or town)

(State or country) Tillmans Talbot Co

PARENTS

10 NAME OF FATHER John Cummings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tillmans Island

12 MAIDEN NAME OF MOTHER Catherine Forbes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Tillmans

14 Informant Nina Cummings

(Address) 4 S Ellwood Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 6 yrs. mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov 30 1928 (Signed) Geo Arthur Foster M. D.

(Coroner)

, 19 (Address) 1436 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville Md. Date of Burial 12/1 1928

20 UNDERTAKER Grant V Lefevre ADDRESS Fulton

Dec 1- 1928

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39752

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 22-54

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. R. Phillips

(a) RESIDENCE No. 2001 Kelly ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Courtney Phillips

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Aquilla Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Priscilla Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

Filed 1928 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Nov. 29, 1928, that I last saw h... alive on Nov. 29, 1928 and that death occurred, on the date stated above, at 3.59 p. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Bronchiectasis with secondary lung infection (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Clinical & autopsy

What test confirmed diagnosis?

(Signed) Henry C. Smith, M. D.

11-30-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/1 1928

20 UNDERTAKER Jno. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 39753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39753

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital WARD 13-54)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Missouri Tucker

(a) RESIDENCE NO. 1201 Glendenning Ct WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A.

6 DATE OF BIRTH (month, day, and year) ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John A. Tucker

(Address) 1201 Glendenning Ct

15 Filed 1-1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Nov 29, 1928

that I last saw h.e alive on Nov 29, 1928

and that death occurred, on the date stated above, at 9.53 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis (Probably Chronic)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. Hance M. D.

11/30/28 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 12/2/1928

20 UNDERTAKER Jno. Geo. H. Holland

ADDRESS 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

E 39754 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39754

161-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 S. Hanover ST. 25-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Frieda Cathcart

(a) RESIDENCE NO. 3801 S. Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 hours How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30th " 1928

7 AGE — Years — Months — Days — If LESS than 1 day, 6 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto (Brooklyn) Md

PARENTS

10 NAME OF FATHER Stuart S. Cathcart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto County Md

12 MAIDEN NAME OF MOTHER Frieda E. Handel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frieda E. Cathcart

(Address) 3801 S. Hanover Ste

15 C. HAMPSON JONES, M. D.

1928 Dec 1 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30th " 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1928, to Nov 30th, 1928.

that I last saw her alive on Nov. 30th, 1928.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) — yrs. — mos 6 hours ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Jonas Weisbel M. D.

(Address) 1324 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Dec 1 1928

20 UNDERTAKER: John F Denny — ADDRESS: 716 Lig

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 39755

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) [redacted] ST. 13-52 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Stules

(a) RESIDENCE NO. 1116 W. 3rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Stules

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Flint

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John T Stules

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Rungen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant

BALTIMORE CITY HOSPITALS

15 FILED [illegible], 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/29/28

17

I HEREBY CERTIFY, That I attended deceased from 11/26, 19 28, to 11/29, 19 28,

that I last saw h[illegible] alive on 11/29, 19 28

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Contributory (duration) yrs. mos. ds.

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Finch, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery — DATE OF BURIAL: Dec 3rd 19 28

20 UNDERTAKER: Ehmcke & Son — ADDRESS: 860 Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 39756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 39756

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Barnes ST., 713 WARD)

2-FULL NAME Lola Purnell

(a) RESIDENCE NO. 1628 Barnes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sydney Purnell

6 DATE OF BIRTH (month, day, and year) Aug 19 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Flamming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sydney Purnell

(Address) 2320 McCausland St

15 Filed 1528, 19 C. MAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-17, 1928 to 11-27, 1928

that I last saw her alive on 11-27, 1928

and that death occurred, on the date stated above, at 8:06 p m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Pneumonia Lobar.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (Cyesis)

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

11-30 1928 (Address) 608 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Dec 2 1928

20 UNDERTAKER Mrs R A Elliott

ADDRESS 1720 Ashland ave

FROM IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(Hintel)

E 39757 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39757

CERTIFICATE OF DEATH. 7H-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 10-14 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Hintel

(a) RESIDENCE NO. 1004 Somerset ST. WARD B

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) About 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
About 66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Hintel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Hospital Records (Address)

15 Filed 1-1928 C. HAMPSON JONES, M. D. Registrar Per Rock

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1927, to Nov. 30, 1927, that I last saw h alive on Nov 30, 1927, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

about 6 mo. (duration) yrs 6 mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Luther Leader M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cem. Town

DATE OF BURIAL Dec 3 1928

20 UNDERTAKER Henry Hauch & Sons

ADDRESS 1304 E Eager St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39758

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. 73

CITY OF BALTIMORE: (No. [redacted] ST., 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Innes

(a) RESIDENCE NO. none ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-31-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Innes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted], 19 [redacted] Registrar

T-1099 Per [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1926, to 11-29, 1928, that I last saw him alive on 11-29, 1928, and that death occurred, on the date stated above, at 9:00 A. m.

The CAUSE OF DEATH* was as follows:

Transverse Myelitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Wyatt, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 2 1928
20 UNDERTAKER	ADDRESS
J L Broccolina	105 mont

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39759

CERTIFICATE OF DEATH

90 E 39759

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 East 25th ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Dasch

(a) RESIDENCE NO. 514 East 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Adam Dasch

6 DATE OF BIRTH (month, day, and year) Jan 21 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER R. L. Luth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mullowney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Dasch

(Address) 514 East 25th Street

15 Filed 1 - 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1928, to Nov 29th, 1928

that I last saw her alive on Nov 29th, 1928

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) George Purgason M D. M. D.

11/30/1928 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/1 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North

Spec.—2-29-28—L. F. S.—500 Blks.

E 39760

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 39760

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1355

CITY OF BALTIMORE: (No. 4004 Hickory Ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F. Morfoot

(a) RESIDENCE NO. 4004 Hickory Ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Morfoot

6 DATE OF BIRTH (month, day, and year) May 9-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert F. Morfoot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie L. Childs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Alice M. Morfoot

(Address) 4004 Hickory Ave

15 Date 12-1-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1928, to Nov. 29, 1928, that I last saw h[illegible] alive on Nov. 29, 1928, and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Frank H Smith, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Dec 3- 1928.
20 UNDERTAKER Horace A. Burgee	ADDRESS 363 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

E 39761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39761

1—PLACE OF DEATH 11

CITY OF BALTIMORE: (No. 135 Annapolis Rood ST. Wash WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sylvia Fisher

(a) RESIDENCE NO. 135 Annapolis Rood Westport WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Fisher

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Kushner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Isaac Fisher

(Address) 135 Annapolis Rood Westport

15 Filed DEC 1 1928, 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 , 1928, to Nov. 30 , 1928, that I last saw h[illegible] alive on Nov. 29 , 1928 and that death occurred, on the date stated above, at 5:[illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration, Chronic diffuse Nephritis with Emphysema

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) G. F. Ris , M. D.

Dec 1st , 1928 (Address) 24 E Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL 12/2 19 28

20 UNDERTAKER Jack Lewis 1439 E Balto Street ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 39762 HEALTH DEPARTMENT—CITY OF BALTIMORE

3/E 39762

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1213 Greenmount Ave St., 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Buchanan

(a) RESIDENCE NO. 1213 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Robert A Buchanan

6 DATE OF BIRTH (month, day, and year) July 15 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	36	4	9 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Robt A. Buchanan (Address) 1213 Inc. Greenmount Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

1-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1928 to Nov. 29 1928, that I last saw her alive on Nov. 29 1928, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & microscopic

(Signed) J. T. Shuggness M. D.

Dec. 1 1928 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Dec. 3 1928

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 N. Kana

THON is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39763

CERTIFICATE OF DEATH

443

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 130 N Potomac ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Reden Daniels

(a) RESIDENCE NO. 130 N Potomac ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feby 8-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship carpenter

(b) General nature of indostry, business, or establishment in which employed (or employer) 015

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pimlico Co N C

PARENTS

10 NAME OF FATHER Asa Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Sarah Howland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Rachel Virginia Daniels

(Address) 130 N Potomac St

1-1928 FILED C. HAMPSON JONES, M. D. Registrar

DATE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30-1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Nov 30, 1928, that I last saw h.im alive on Nov 29 1928 and that death occurred, on the date stated above, at 11.05 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Throat

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio Respiratory Paralysis & Hemorrhage (doration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. H. Cliff M. D.

Nov 30, 1928 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wagolby Cem Arundel Co Md

DATE OF BURIAL 12/3 1928.

20 UNDERTAKER Joles J Cowan & Son

ADDRESS 40 Holliday St

Spec.—1-10-21—M&T—1500 Bks.

E 39764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39764

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1707 Mc Culloh St. (or WARD) 24-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy O Slater

(a) RESIDENCE NO. 1707 Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Slater

6 DATE OF BIRTH (month, day, and year): 1887.

7 AGE: 41 Years | Months | Days | If LESS than 1 day, hrs. or min.

39.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marion Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edward Slater

(Address): 1707 Mc Culloh St

15 Filed 1-1928 O. HAMPSON JONES, M. D. Registrar

Per RAC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1928. to Nov. 25 1928.

that I last saw h alive on Nov 27 1928.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri

(duration) yrs 1 mos 0 ds.

CONTRIBUTORY (Secondary) Toxaemia due to

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

, 19 28 (Address) 924 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 11/1 1928

20 UNDERTAKER: Samuel D Handley — ADDRESS 578 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39765

CERTIFICATE OF DEATH.

90 E 39765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 Council St. 17-24 Ward)

2-FULL NAME Edward Milton

(a) RESIDENCE NO. 504 Council St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day and year): 1888

7 AGE: Years 40 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butler

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Singleton Wilson

(Address): 914 Lemmon Hill

15 DEC 1 1926 G. H. AMOSON Jones Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Nov 30 1928 (Signed) F. C. Link M. D.

(Coroner)

(Address) 1111 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial Dec 1 1928

20 UNDERTAKER: Samuel Ramsay & Riddle ADDRESS 539 E

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39766

CERTIFICATE OF DEATH.

113 E 39766

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2124 Ething St. 14-59 Ward)

2-FULL NAME Chas T. Ridgeway

(a) RESIDENCE NO. 2124 Ething St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Aug 10-1927

7 AGE: Years 1 Months 3 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country):

PARENTS

10 NAME OF FATHER: Chas. Ridgeway

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Viola Taylor

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Chas Ridgeway

(Address): 2124 Ething St

15 Filed 1-1928 19 C. HARRISON JONES Registrar Per pcb

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Nov 30th 1928 H. C. Link M. D.

(Address) 1018 North Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Cemetery Date of Burial 12/2 1928

20 UNDERTAKER: Samuel Ehrenfeld & Bro. ADDRESS

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39767

CERTIFICATE OF DEATH.

10-001 E 39767

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 Canal St. 11-24 Ward)

2-FULL NAME Paul Soroggins

(a) RESIDENCE NO. 310 Canal St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE: Years 27 Months ___ Days ___ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Unknown

(State or country) Nov, 1928

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Portugal

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Jas Swan

(Address) 310 Canal St

15 Filed ___ 19 ___ Registrar

1-1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ___ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ___ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) F. C. Smith M. D.

(Coroner) Nov, 1928 (Address) 811 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem Date of Burial 11 3 1928

20 UNDERTAKER: Samuel Hawley ADDRESS Middle

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39768

CERTIFICATE OF DEATH.

161-001 E 39768

1-PLACE OF DEATH

City of BALTIMORE: (No. 2121 Division St. 14-59 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Bundy

(a) RESIDENCE NO. 2121 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day and year): Nov 30-1928

7 AGE — Years: — Months: 1 — Days: 29 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country):

PARENTS

10 NAME OF FATHER: Carl Bundy.

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country):

12 MAIDEN NAME OF MOTHER: Hortense Blayton

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country):

14 Informant: Hortense Bundy

(Address): 2121 Division

Dec 1928 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos. 29 ds.

CONTRIBUTORY (Secondary) Premature Birth 7 months

(duration) yrs. mos. ds.

(Signed) H. Leech M. D.

Nov 29, 19 (Address) 2121 Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12/3 19 28

20 UNDERTAKER: Samuel Bensky ADDRESS 1208

Cor.—12-9-25—A Co.—200 Bks. PARENTS 1 Nov 1928 very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39769

CERTIFICATE OF DEATH

129 E 39769

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Pitcher St 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Estep

(a) RESIDENCE NO 608 Pitcher St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Mrs. Annie Estep

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore country club

9 BIRTHPLACE (city or town)

(State or country) Annarundel Co. Md

PARENTS

10 NAME OF FATHER Daniel Estep

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER Hester Wells

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mrs Annie Estep

(Address) 608 Pitcher St

15 Filed DEC 1 - 1928 C. HAMPTON JONES M.D. Registrar

Per ARB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-1928

17 I HEREBY CERTIFY, That I attended deceased from 10-28, 1928, to 11-29, 1928, that I last saw him alive on 11-28, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) Frank K. Saunders, M. D.

11/30/1928 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 12/3 1928

20 UNDERTAKER Samuel Hemsley ADDRESS 2211 E

Cause should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state NATURE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

E 39770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002

E 39770

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 83 3d ave E Brooklyn Ward 25-75)

2-FULL NAME Dorothyanna Selig.

(a) RESIDENCE NO. 83 3d ave E Brooklyn Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or Divorced, (~~write the word~~)

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12 1 1928

7 AGE: Years | Months 9 4 Total, | Days | IF LESS than 1 day 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) E Brooklyn

10 NAME OF FATHER Thos Harvey Selig

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mina Cook

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

PARENTS

14 Informant Thos Harvey Selig

(Address) 83 3d ave E Brooklyn

15 Filed 1-1928 C. HARRISON JONES, M. D.

By ACH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.1. 1928

17 I HEREBY CERTIFY, That I attended deceased from 12.1 1928, to 12 1, 1928, that I last saw her alive on 12.1, 1928, and that death occurred, on the date stated above, at 6.50 m.

The CAUSE OF DEATH* was as follows:

Dystocia

During Delivery

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. 2 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Symington, M. D.

1. 1928 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Date of Burial: Dec 1 1928

20 UNDERTAKER: Jos B Cook ADDRESS 1003 W Baltimore

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39771

CERTIFICATE OF DEATH.

E 39771

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Delgrave Ave ST., (WARD) 27

2-FULL NAME James Joseph Cassidy

(a) RESIDENCE NO. 1712 Delgrave Ave ST., WARD 27

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Cassidy

6 DATE OF BIRTH (month, day, and year): Feb. 1866

7 AGE — Years: 62 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Francis Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Veronica Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Brother

(Address): Family

Filed DEC 2 1928 19 C. HARRISON JONES, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/1 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Dec 1, 1928, that I last saw him alive on Nov 30, 1928, and that death occurred, on the date stated above, at 4.00 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (secondary) Cerebral Art. Sclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Henry F. Cassidy, M. D.

(Address) 1 Wyoland Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 3 1928

20 UNDERTAKER: Rea Wardefield — ADDRESS: 914 Gruman Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39772

HEALTH DEPARTMENT—CITY OF BALTIMORE

1902 39772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1523 Locust ST. Curtis Bay 15-27 WARD) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred M. Crumblis

(a) RESIDENCE NO. 1523 Locust ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Norval Crumblis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Salitar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Norval Crumblis

(Address) 1523 Locust St Curtis Bay

15 Filed DEC 2 1928, 19 HAMPSON HUGHES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1928. to Nov 30, 1928. that I last saw him alive on Nov 30 1928. and that death occurred, on the date stated above, at 1245 P m.

The CAUSE OF DEATH* was as follows

Congenital Heart Lesion

(duration) Since Birth yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D. Horca, M. D.

(Address) 4700 Pennington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 12-3 1928

20 UNDERTAKER E & B Harla — ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-28-28—L. F. S.—500 Bks.

E 39773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ E 39773

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Linz

(a) RESIDENCE NO. 910 Greenmount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

.a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Aug 3. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57		2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) in business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo Linz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] HAMPSON JONES, M. D. Registrar

DEC 2 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-28

17 I HEREBY CERTIFY, That I attended deceased from 1-17 19 28, to 11-29 19 28, that I last saw h[illegible] alive on 11-29 19 28 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, Right. Hypertension; Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. M. Hurd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 3, 1928
20 UNDERTAKER E. Conklin	ADDRESS 9242 Eager St

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39774

CERTIFICATE OF DEATH.

101-001 E 39774

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schaefer

(a) RESIDENCE NO. 616 Wayne St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Mary S. Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schaefer

6 DATE OF BIRTH (month, day, and year) September 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steamers

(c) Name of employer unknown

9 BIRTHPLACE (city or town) WACS

(State or country) Cepos

PARENTS

10 NAME OF FATHER Wm Schaefer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Hamm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mary Schaefer

(Address) 616 Wayne

15 Filed DEC 2-1928 19 C. HAMILTON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Kenlon, M. D. (Coroner)

19 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 616 Wayne St

Former or usual residence 616 Wayne

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Dec 12-3 1928

Date of Burial

20 UNDERTAKER Jas. M. Skinner

ADDRESS 622 E. Madison St

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

39775

CERTIFICATE OF DEATH

24-001

REGISTERED NO. B 39775

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 N. Chester ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louise S. Weber

(a) RESIDENCE NO. 502 N. Chester ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. D. Weber

6 DATE OF BIRTH (month, day, and year) Jan 2 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER — Scholl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Weber

(Address) 502 N. Chester St.

15 Filed DEC 2 1928 C. HAMILTON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30/28

17 I HEREBY CERTIFY, That I attended deceased from 11-26, 1928, to 11-30, 1928

that I last saw her alive on 11-30, 1928

and that death occurred, on the date stated above, at 11 10A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Kool, M. D.

12 1, 1928 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Dec 2 1928

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

E 39776

1—PLACE OF DEATH BALTIMORE CITY HOSPITA[illegible] REGISTERED NO.

CITY OF BALTIMORE: (No.) [illegible] ST. 1730 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johan Aichler

(a) RESIDENCE NO. 614 S Eagle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6 DATE OF BIRTH (month, day, and year) May 7 1876

7 AGE — Years: 52 | Months: 6 | Days: 22 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Aichler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilda Ellick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant [illegible]

BALTIMORE CITY HOSPITA[illegible]

15 Filed DEC 2 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/28

17 I HEREBY CERTIFY, That I attended deceased from 7/27, 1928, to 11/29, 1928, that I last saw h[illegible] alive on 11/29, 1928, and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of 7/30/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

BALTIMORE CITY HOSPITA[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. | DATE OF BURIAL Dec 2 1928

UNDERTAKER Philip Herwig | ADDRESS 2116 Orleans St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001 ✓ E 39777

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hosp 2-5 St. Ward)

2-FULL NAME Lena Rubinstein

(a) RESIDENCE NO. 234 S Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bennie

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 67 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Russia

10 NAME OF FATHER: Wolf Siedman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Hannah —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

PARENTS

14 Informant: Son Wm

(Address)

Filed DEC 2 - 1925 HARRISON JONES H. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (Secondary) Nephritis (duration) 2 days

(duration) yrs. mos. ds.

Nov 30 1925 (Signed) G C Hodes (Coroner) M. D.

(Address) 142 S Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hering Fun

Date of Burial: 12/2 1925

UNDERTAKER: Bol Funeral Home

ADDRESS 1927 E Balto

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39778
1-PLACE OF DEATH

+ 90 E 39778
REGISTERED NO.

City of BALTIMORE: (No. Stmr. Piankatank, Chesapeake Bay. Ward) 93-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick B. Tanner, (C)

(a) RESIDENCE NO. Blackwell, Va. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) September 28, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)
(State or country) Blackwell, Va.

10 NAME OF FATHER William M. Tanner, (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Clara B. Cockrell, (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Marrietta B. Randals, (sister)
(Address) 2331 Ivy St.

15 Filed DEC 2- 1928 C. HAMILTON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ---

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

12/1. 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs..mos..ds.

Where was disease contracted, if not at place of death? Blackwell, Va.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackwell, Va Date of Burial 12/2 1928

20 UNDERTAKER Samuel H. Kemsley ADDRESS 1128 E. Baltimore St.

If DEATH IS DUE TO VIOLENCE, fill out very important. See instructions on back of certificate. EXACT STATEMENT OF OCCUPATION IS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39779 E 39779

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Brewer ST. 17-24 WARD)

2-FULL NAME Daniel B Dixon

(a) RESIDENCE NO. 1103 Brewer ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara V. Dixon

6 DATE OF BIRTH (month, day, and year) Dec 19-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
47	48	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Atkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Clara V Dixon (Address) 1103 Brewer St

15 Filed 12-1928 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928 to Nov 28 1928

that I last saw him alive on Nov 28 1928

and that death occurred, on the date stated above, at 7-20 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Heart

(duration) yrs mos ds

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) H. Randall Sargent, M. D.

, 19 (Address) 1176 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 12/2 1928

20 UNDERTAKER Edward Hensley — ADDRESS Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V

+ 47 E 39780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 430 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan J. Leister

(a) RESIDENCE NO. Westminster, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3rd 1866

7 AGE: Years 62; Months 7; Days 28

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER William Ameman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Charlotte Strickhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14

Informant John Henry Leister

(Address) Westminster Md

15

Filed DEC 2 1928

H. A. [illegible], M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Dec. 1, 1928.

that I last saw h-er alive on Dec 1, 1928

and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast which was removed July 1928 & which recurred & was again operated 11/30/28.

(duration)

CONTRIBUTORY (Secondary) Sudden death following operation probably embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/30/28

Was there an autopsy? no

What test confirmed diagnosis? Specimen. Pathologist report to

(Signed) W. H. Varney, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisters Westminster

DATE OF BURIAL: 12 Dec 19 28

20 UNDERTAKER: H Bankard & Son

ADDRESS: Westminster Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39781

CERTIFICATE OF DEATH

90 E 39781

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 324 N. Hilton ST. 20-10 WARD)

2—FULL NAME Catherine A Bedel

(a) RESIDENCE NO. 324 Hilton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Adam Bedel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs R. William Arnold

(Address) 324 N. Hilton St

Filed DEC 2 1928 H. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1928, to Nov 30, 1928, that I last saw h alive on Nov 29, 1928 and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumothorax

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John T Craig, M. D.

11-30 1928 (Address) 612 N 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 3 1928

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 39782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 39782

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3306 Spalding Ave ST. 27-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah A. McFadden

(a) RESIDENCE NO. 3306 Spalding Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis McFadden

6 DATE OF BIRTH (month, day, and year) Dec 17-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Goodfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pikesville Md

14 Informant Mrs. Florence M. Counts

(Address) 3306 Spalding Ave

15 Filed 2-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1-1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1927, to Dec 1st, 1928

that I last saw h.. alive on Nov 30th, 1928

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Spindle cell sarcoma with general metastasis (Vulva)

(duration) 1 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 11th 1927

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) C. H. Jones M.D. M. D.

12-1, 1928 (Address) 515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Dec 3 1928

20 UNDERTAKER Horace A. Burgee — ADDRESS 3311 Falls Road

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39783

CERTIFICATE OF DEATH.

129 E 39783

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2403 Arunah ave (St.) 46-68 (Ward)

2-FULL NAME Zula May Bing

(a) RESIDENCE No. 2403 Arunah ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (Husband of or) WIFE of John Henry Bing

6 DATE OF BIRTH (month, day, and year): Jan 7th 1883

7 AGE — Years: 45 — Months: 10 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Alexander Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Lore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: John Henry Bing (Address) 2403 Arunah ave

15 Filed ..., 19... Registrar

DAMON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Nov 30th, 1928, that I last saw h[er] alive on Nov 30th, 1928, and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory findings

(Signed) Wm J Sullivan, M. D.

12/1/1928 (Address) 1706 N Eutaw Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/3/1928

20 UNDERTAKER: Geo. Kehoe, Son — ADDRESS: 2503 Edmondson

DEC 2 1928

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39784

CERTIFICATE OF DEATH.

129 E 39784

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Melville ave ST., 14-47 WARD)

2-FULL NAME Mary Ann Hamilton Jessop

(a) RESIDENCE NO. 618 Melville Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Feb 23-1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Richard O. Jessop

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Caroline Israel

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hamilton Conyer (Address) 122 Monastery ave

15 Filed DEC 2 - 1928 CHAMPION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21st, 1928, to Dec. 1st, 1928, that I last saw h[illegible] alive on Nov. 30, 1928, and that death occurred, on the date stated above, at 3.20 a m.

The CAUSE OF DEATH* was as follows:

Organic Valvular Disease of the Heart

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Thyroid Gland and microscopic

(Signed) Charles Reif, M. D.

(Address) 1111 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 12/3/1928

UNDERTAKER Geo. Kibur & Son — ADDRESS 2503 Edmondson

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39785 — 124 — E 39785

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) St Josephs Hosp (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mangel

(a) RESIDENCE NO. 1807 Hope Sett. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Anna Bitzel.

6 DATE OF BIRTH (month, day, and year) 5-3-1861

7 AGE	Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min~~
	67	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Mangel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Mangel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Mangel

(Address) 180 - Hope St

Filed DEC 2 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 1928 to Dec. 1 1928 that I last saw h[illegible] alive on Dec. 1 1928 and that death occurred, on the date stated above, at 3 15 p m.

The CAUSE OF DEATH* was as follows:

Nephritis & Uremia

& Hypertension

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Herman J Voss M. D.

1928 (Address) 5101 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem. Smallwood DATE OF BURIAL 12/4/28 19

20 UNDERTAKER George Groutt ADDRESS 1735 Harford

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39786

CERTIFICATE OF DEATH.

49 E 39786

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M. Clare Elizabeth O'Shea

(a) RESIDENCE NO. Towson Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Religious

6 DATE OF BIRTH (month, day, and year) 2/4/1870

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Worker

(c) Name of employer Religious

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin O'Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Byron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Superior (Address) Mission House

15 Filed 12-2-1926 HARRY H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-26 19

17

I HEREBY CERTIFY, That I attended deceased from 11-23-26, 19 to 11-30-26, 19, that I last saw h[illegible] alive on 11-30-26, 19, and that death occurred, on the date stated above, at 2:05 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma thyroid

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mission Helpers Towson — DATE OF BURIAL 12/3/26

20 UNDERTAKER George J. Roth — ADDRESS 1735 Harford

CAUSE OF DEATH in plain terms, so that all may understand. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39787

CERTIFICATE OF DEATH.

99-001
E 39787
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 715 E. Preston St. 10-14 WARD)

2-FULL NAME James A. Pierce

(a) RESIDENCE NO. 715 E. Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara L. Pierce

6 DATE OF BIRTH (month, day, and year) Feb 12 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	18 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) Pa. Ry 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER William A. Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. Chantell Wilson
(Address) 715 E. Preston St

15 Filed DEC 2- 1928 S. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1923, to Dec 1st, 1928, that I last saw him alive on Dec 1st, 1928 and that death occurred, on the date stated above, at 12-40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Degenerans.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) [illegible] M. D.

12-2, 1928 (Address) 17 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Dec 3 1928

20 UNDERTAKER A. B. Marshall ADDRESS 3539 Fall Rd

FROM IS VERY important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39788

CERTIFICATE OF DEATH.

167-001 ✓ E 39788

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 E. North Ave. St. 9-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanore M. McGuire.

(a) RESIDENCE NO. 308 E. North Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 13, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	37	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York, N.Y.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Annie Cole.

(Address) 2316 Frederick Ave.

Filed DEC 2 - 1928 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Suicide.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner)

12/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 3 1928.

20 UNDERTAKER: Stewart & Koontz Co — ADDRESS: Balto.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bk.

See Letter on file from Dr O'Donovan changing age on 12-13-28

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39789

CERTIFICATE OF DEATH.

74 E 39789

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 313-N-Green ST., (WARD) 1-25

2-FULL NAME Elizabeth Augusta Mc Mahon

(a) RESIDENCE NO. 313-N-Green ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs 3 mos. 14 ds. How long in U. S., if of foreign birth? 80 yrs. 3 mos. 14 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of James J. McMahon

6 DATE OF BIRTH (month, day, and year) about July 15 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About 80	80	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Gibney

11 BIRTHPLACE OF FATHER (city or town) Dublin (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Byrne

13 BIRTHPLACE OF MOTHER (city or town) Dublin (State or country) Ireland

14 Informant Miss Annie E. Gibney (niece)

(Address) 313-N-Green St

15 Filed DEC 2- 1928 19 Per C. HAMILTON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Nov 29, 1928, that I last saw h[illegible] alive on Nov 29, 1928, and that death occurred, on the date stated above, at 11 p m

The CAUSE OF DEATH* was as follows:

Cerebral vascular accident - cf Glioma

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary) Previous cf paralysis

(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? cf Glioma Scalp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles O'Donovan Jr., M. D.

, 19 (Address) 5 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec. 3 1928.

20 UNDERTAKER Stewart & Moran Co — ADDRESS Catonsville.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39790

CERTIFICATE OF DEATH.

57 E 39790

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3623 Rodyave (ST.) (WARD)

2-FULL NAME Katherine Ellen Reilly

(a) RESIDENCE NO. 3623 Rody ave ST. WARD

(Usual place of abode) all her life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced (or) WIFE of: Michael J Reilly Deceased

6 DATE OF BIRTH (month, day, and year): Oct. 20 - 1864

7 AGE: Years: 64 about; Months: 1; Days: 10; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: James L Boland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McMahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs Rosa Hauck (daughter)

(Address) 3623 Rody ave

DEC 2 Filed 1928 C. HARRISON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-30-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Nov 30, 1928.

That I last saw h-er alive on Nov 27, 1928.

and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

& Diabetes Mel

do not know

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R Riley Lee, M. D.

, 19 (Address) Wentworth apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Dec 3 1928

20 UNDERTAKER: George L. Schwab ADDRESS: 210 Park Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. This information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39791

CERTIFICATE OF DEATH

44 E 39791

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1940 Druid Hill Av (ST.) 14-70 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William C. McCard

(a) RESIDENCE NO. 1940 Druid Hill Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Grace L McCard

6 DATE OF BIRTH (month, day, and year): July 7-1871

7 AGE: Years 57 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ills

PARENTS

10 NAME OF FATHER: James W McCard

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: W S McCard

(Address): 2005 Druid Hill Av

15 Filed DEC 2 - 1928

H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Nov 29, 1928, that I last saw him alive on Nov 29, 1928 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W S McCard M. D.

12/1, 1928 (Address) 2005 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Dec. 3, 1928

20 UNDERTAKER: Jno. M. Johnson — ADDRESS: Edmondson

mation should be carefully supplied. AGE should be stated EXACTLY. Information of OCCUPATION is very important. See instructions on back of certificates. Exact statement of OCCUPATION is very OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—MAT—500 Blks.

E 39792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39792

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 N. Broadway ST. (WARD) 8-17

2-FULL NAME Mary Jane Madgl

(a) RESIDENCE NO. 1806 N. Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~: Oscar L Madgl

6 DATE OF BIRTH (month, day, and year): June 16th 1843

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9 10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Slippery Rock Pa

PARENTS

10 NAME OF FATHER: Jacob A Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Martinsburg W Va

12 MAIDEN NAME OF MOTHER: Mary Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs H Ehlers (Address): 1613 N. Broadway

15 Filed: DEC 2 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1 1928 to Dec. 1 1928 that I last saw her alive on Nov. 30 — 1928 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 18 min

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H E Bomback M. D.

(Address) 1531 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 4 1928

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 12 E. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39793 — 129 — REGISTERED NO. E 39793

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Beulah Village Apts. ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Benton Robertson

(a) RESIDENCE NO. 2200 Garrison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella J. Robertson

6 DATE OF BIRTH (month, day, and year): Apr. 14, 1861

7 AGE — Years: 67 — Months: 7 — Days: 16 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Buyer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Davis Miller Co.

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: Geo. Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Mary E. Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Ella J. Robertson

(Address) Beulah Village Apts.

15 Filed: DEC 2 - 1928 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 19 27, to Nov 30, 19 28,

that I last saw h[illegible] alive on Nov 30, 19 28

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Melvin A. Courtney, M. D.

. . 19 (Address) 304 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. — DATE OF BURIAL: Dec 3, 1928

20 UNDERTAKER: W. Pickett Sons — ADDRESS: Norfolk Va

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Claudeania Bealmear

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39794

CERTIFICATE OF DEATH.

90 E 39794

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 9863 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clowdeania Bealmear

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Dec 14, 1859

7 AGE: 68 Years 68 Months 11 Days 17 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): unknown Maryland

PARENTS

10 NAME OF FATHER: Walters Bealmear

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co. Maryland

12 MAIDEN NAME OF MOTHER: Abridge Bosford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince George Co. Maryland

14 Informant (Address): Mt Hope Friends Mt Hope Retreat

15 FILED DEC 2 - 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Dec 1, 1928, that I last saw h alive on Nov. 30, 1928 and that death occurred, on the date stated above, at a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Roll, M. D.

19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

UNDERTAKER: Wm J Keefer Sons

DATE OF BURIAL: Dec. 3, 1928

ADDRESS: North Ave

Spec.—1-12-23—M&T—500 Bks.

E 39795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-00 E 39795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 N Fulton Ave ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Louisa Morrow

(a) RESIDENCE NO. 670 N Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed John H Morrow

6 DATE OF BIRTH (month, day, and year) March 3 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm H Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bay Side Talbot Co Md

12 MAIDEN NAME OF MOTHER Sophia Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Mrs J. Nelson

(Address) 610 Gittings Road

15 Filed 19 HERON JONES, M. D. Registrar

C 2 - 102K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1 1928

17 I HEREBY CERTIFY, That I attended deceased from October 19 1925, to December 1 1928, that I last saw her alive on December 1. 1928, and that death occurred, on the date stated above, at 5.55 P.M.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis

(duration) 2y yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) William J. Todd, M. D.

12/1, 1928 (Address) 7219 Bosley Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec 4 1928

20 UNDERTAKER M. J. Fleckner Sons ADDRESS North Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 39796

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-00 E 39796

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1725 N. Patterson Park Ave Ward) 8-16

2-FULL NAME Alice L Danner

(a) RESIDENCE NO. 1725 N Patterson Park Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 1853 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Md

PARENTS

10 NAME OF FATHER George W Owings

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER Amelia Peddicord

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs Florence Yost

(Address) 1725 N. Patterson Park Ave

15 REC. H. Mc Lane Jones, M. D. Registrar

2-1928

2-1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 29 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 19 28, to Nov 29, 19 28,

that I last saw h alive on Nov 29, 19 28,

and that death occurred, on the date stated above, at a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY Arterio Sclerosis

(Secondary)

(duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Kluge, M. D.

19 (Address) 3611 Boyd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Mem Date of Burial Dec 3rd 19 28

20 UNDERTAKER: Leo G. Brook ADDRESS 1725 Patt Pk Ave

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-007

E 39797

1—PLACE OF DEATH

E 39797

REGISTERED NO.

CITY OF BALTIMORE: (No. 1627 Patapsco ST. 23-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline I. Willey.

(a) RESIDENCE NO. 1627 Patapsco ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 7 mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female. 4 COLOR OR RACE: White. 5 Single, Married, Widowed, or Divorced, (write the word): Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Willey.

6 DATE OF BIRTH (month, day, and year) April 21, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51,	7,	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Emil M. Wolf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lena Miller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Harry S. Willey. (Husband)

(Address) 1627 Patapsco St.

15 Filed DEC 2 1928 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Nov 30, 1928 that I last saw h alive on Nov 29, 1928 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Campbell M. D.

Nov 30, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Dec 3 1928

20 UNDERTAKER: A. Howard Evans

ADDRESS: 55 Hanover

Important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39798

CERTIFICATE OF DEATH

24-001

E 39798

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1578 Harlem Ave St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Clar Berry

(a) RESIDENCE NO 1578 Harlem Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wh.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1844

7 AGE — Years: 84 Months: 8 Days: 14. IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Unknown

14 Informant Miss Martha Hutchinson

(Address) 1578 Harlem

15 Filed DEC 2- 1928 HARRISON JONES, M. D. Registrar

53 per Mary

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Nov 30, 1928, that I last saw h[illegible] alive on Nov 30, 1928, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Smith, M. D.

Nov 30 1928 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Dec 4 1928

20 UNDERTAKER: George J Smith — ADDRESS: 1552 Hollins St

Please answer all questions in full. See that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Walter White 1 Bond St Glen 55

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 39799

E 39799

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. Biddle ST., 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph T White

(a) RESIDENCE NO. 1702 E Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline White

6 DATE OF BIRTH (month, day, and year) July 18, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Larry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Caroline White
(Address) 1702 E Biddle St

15 Filed 2 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29.1928

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to Nov 29, 1928.

that I last saw h.... alive on Nov 28, 1928

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lower Jaw

6

(duration) ....yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter N White M. D.

19 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 12 3 1928

20 UNDERTAKER W M Cook

ADDRESS 507 E Monument

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39800

CERTIFICATE OF DEATH

129

E 39800

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Catalpha Rd. ST., 7th (Hamilton) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah W. Robbins

(a) RESIDENCE NO. 5312 Catalpha ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6 1853

7 AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	75	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stt Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Robbins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Ella V. Bacon
(Address) 5312 Catalpha Rd

15 Filed DEC 2 - 1928 H. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Nov. 30, 1928

that I last saw her alive on Nov. 30, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 4 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Acute Dilitation Heart

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Nephritis

(Signed) Walter C. Bacon M. D.

12/2 1928 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12/3 1928

UNDERTAKER Wm Cook

ADDRESS 502 E Pratt

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 E 39801

E 39801

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 505 Park Ave ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Donnell Smith

(a) RESIDENCE NO. 505 Park Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 5 1829

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	99	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: S. H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elona Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr Van Kapff

(Address): Pagan Taylor Md

15 Filed DEC 2 - 1928 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928, to Dec 3, 1928, that I last saw h[illegible] alive on Nov 30th, 1928 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ehrman Mish, M. D.

12-3, 1928 (Address) 1515 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Dec 5 1928

20 UNDERTAKER: HENRY W. JENKINS & SONS CO. — ADDRESS: Cleland & Caltons

Spec.—2-29-28—L. F. S.—500 Bks.

E 39802 ✓ 90 39802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39802

REGISTERED NO.

1—PLACE OF DEATH [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 24-33 WARD)

2—FULL NAME Bernard Concannon

(a) RESIDENCE NO. 1037 Rhenard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Concannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Maguire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant [redacted]

Address [redacted]

15 Filed 2-9-1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/28

17 I HEREBY CERTIFY, That I attended deceased from 4/16, 19 28, to 11/30, 19 28,

that I last saw h[redacted] alive on 11/30, 19 28

and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

due to Arteriosclerosis

Duration 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. M. Neal, M. D.

[redacted] HOSPITALS

*State the [redacted] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loretto

DATE OF BURIAL 12/3/28

20 UNDERTAKER J. F. Lahey & Sons

ADDRESS 1318 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39803

CERTIFICATE OF DEATH.

1288-203

E 39803

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tobias Kulig

(a) RESIDENCE NO. Towson, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances King

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck - digger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Adolph Kulig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Frances King

(Address) Towson, Md

15 Dec 4 1928 (Signed) HARRY JONES, M. D.

Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Automobile Accident (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Gilpin (Coroner) M. D.

Dec 2, 1928 (Address) 729 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Towson Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Cem. Date of Burial: Dec 4 1928

20 UNDERTAKER: Edw Burns Sons ADDRESS: Towson Md

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39804 E 39804

CERTIFICATE OF DEATH

100-001 the alley

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3301 T. Fleet ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anton Schatz

(a) RESIDENCE NO. 3301 T. Fleet ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magdelena Schatz

6 DATE OF BIRTH (month, day, and year) Oct. 21st 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John G. Schatz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Oswald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Magdelena Schatz (wife)

(Address) 3301 T. Fleet St.

15 Filed DEC 3 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30th/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1928, to Nov 30th, 1928, that I last saw h.... alive on Nov 28th, 1928, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Fibroid degeneration of heart

(duration) yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb L. Peters, M. D.

Dec. 1928 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL Dec 3rd 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39805
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

9 E 39805
REGISTERED NO.

City of BALTIMORE: (No. 309 N Calhoun St. 19-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Fuge

(a) RESIDENCE NO. 309 N Calhoun St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8 1928

7 AGE — Years: — Months: 8 Days: 24 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Ford Whitfield

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Helen Fuge

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Helen Fuge
(Address) 309 N. Calhoun

C. THAMSON JONES, M. D.

15 Filed ..... 19 .....
C - 1928 Per ..... Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Whooping Cough (Paroxysmal)
(duration) ... yrs. ... mos. ... ds.

(Signed) Chas H Goode M. D.
(Coroner)
12/2 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Dec 5 1928

20 UNDERTAKER: Howard H Clark — ADDRESS: Knollwood Md

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39806

CERTIFICATE OF DEATH

129 E 39806

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 734 S Bond St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Mlotcka

(a) RESIDENCE NO. 734 S Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	70	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Onufry Demerski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER France Baszak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Frank Bialik

(Address) 734 S Bond St.

15 Filed DEC - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 19 28, to Dec. 2, 19 28, that I last saw he alive on Dec. 2, 19 28 and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Cause Coma
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Data of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

12/2, 19 28 (Address) 3809 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Rec — Data of Burial 4 19 29

20 UNDERTAKER John M Weber — ADDRESS 701 S Chester

(C) OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39807

E 39807

CERTIFICATE OF DEATH.

100 001

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST. 50-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Lauer

(a) RESIDENCE NO. 2674 Wilkens Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Lauer

6 DATE OF BIRTH (month, day, and year): Feb. 7, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Carroll not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): " Ireland

12 MAIDEN NAME OF MOTHER: Katerine Malone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Niece—Mrs. Francis August

(Address) 4202 Kelbaves.

15 12-3-1928 Registrar: I. H. JOHNS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-2-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-25-28, 1928, to 12-2-, 1928,

that I last saw her alive on 12-2-, 1928

and that death occurred, on the date stated above, at 5 15 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Primary)

(duration) yrs. mos 7 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. R. W. Ericson, M. D.

12/2 1928 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: Dec. 4 1928

20 UNDERTAKER: Joseph D Cook

ADDRESS: 1003 West Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

REGISTERED NO. E 39808

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Dolfield Ave. ST., 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Ely Wells

(a) RESIDENCE NO. 7 Dolfield Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Wells

6 DATE OF BIRTH (month, day, and year) June 20, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Ellicott City (State or country) Maryland

PARENTS

10 NAME OF FATHER William A. Loder

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Jane Ely

13 BIRTHPLACE OF MOTHER (city or town) Elysville (State or country) Maryland

14 Informant Mr. William H. Wells

(Address) 7 Dolfield Avenue

15 Filed DEC 3 - 1928 C. HAMILTON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1919, to November 30th. 1928.

that I last saw her alive on November 30th, 1928

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis and

Arterio-Solerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(doration) yrs. mos. 2 ds.

18 Where was disease contracted—if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

17 (Signed) J. B. Culverhouse M. D.

Dec 1928 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natore of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec. 3rd, 1928
20 UNDERTAKER Forrest D. Cook	ADDRESS 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39809

CERTIFICATE OF DEATH

31

E 39809

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 James ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William B. Trott

(a) RESIDENCE NO. 1328 James ST., WARD
(Usual place of abode) about
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE Ella V. Trott

6 DATE OF BIRTH (month, day, and year) Jany. 29, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Corker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis,
(State or country) Md.

PARENTS

10 NAME OF FATHER Vincent E. Trott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Brannell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. E. V. Trott
(Address) 1321 James St.

15 Filed 3 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/28.

17 I HEREBY CERTIFY, That I attended deceased from 11/20/28, 19, to 12/1/28, 19, that I last saw h— alive on 12/1/28, 19, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Pul Phthisis

(duration) embolism yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? P. E.

(Signed) Bernard Finy, M. D.

12/1/1928 (Address) 910 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	12/ /1928

20 UNDERTAKER Ward Sondheim

ADDRESS 118-20 W. Mt. Royal Ave.

Alfred W. Maurice

Spec.—1-10-21—M&T—1500 Bks.

E 39810 HEALTH DEPARTMENT—CITY OF BALTIMORE 8002

CERTIFICATE OF DEATH. 118 E 39810

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) 15-38 (ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred W. Maurice

(a) RESIDENCE NO. 3000 Reisterstown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie A. Maurice

6 DATE OF BIRTH (month, day, and year): Apr. 21, 1872

7 AGE — Years: 56 Months: 7 Days: 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mail order

(b) General nature of industry, business, or establishment in which employed (or employer): business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Matthew Maurice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Eva Broiden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs. Jennie Maurice

(Address) 3000 Reisterstown Rd

15 Filed DEC 3 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2. 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 19 28, to Dec 2, 19 28,

that I last saw h[illegible] alive on Dec 2, 19 28,

and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Diverticulitis with Perforation

Bilateral Bronchopneumonia

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Duration intestinal trouble

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? Yes Date of Nov 29, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. Arthur Linde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. New York. Borough of Bronx

DATE OF BURIAL: 12/3/ 1928

20 UNDERTAKER: David Sondheim

ADDRESS: 1820 W. Mt Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39811

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4003 Fernhill Ave ST. (WARD)

2-FULL NAME Elizabeth Griffith Gaither

(a) RESIDENCE NO. 4003 Fernhill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Gaither

6 DATE OF BIRTH (month, day, and year): July 14-1844

7 AGE — Years: 84 — Months: 4 — Days: 16 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert G. Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca McCausland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Miss Ava G. Riffel

(Address) 4003 Fernhill Ave

15 Filed DEC 3 1928 H. C. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-30 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Nov 30, 1928.

That I last saw her alive on Nov 30, 1928

and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 6 mos 6 days

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Henry Vansell M. D.

Dec 2 1928 (Address) 3902 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Dec. 3 1928

20 UNDERTAKER: Chas. E. Staub — ADDRESS: 802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39812

CERTIFICATE OF DEATH

107-603

REGISTERED NO. E 39812

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Denton

(a) RESIDENCE NO. 1515 W Mile ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Chas Denton

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lavinia Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

DEC 3 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1928, to Nov 29, 1928, that I last saw her alive on Nov 29, 1928 and that death occurred, on the date stated above, at 8:15 p m.

The CAUSE OF DEATH* was as follows: Abscess of the lung

2 mo + (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted ? If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray.

(Signed) C. J. Briggs M. D.

12/3, 1928 (Address) Johns Hopkins

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemtery

DATE OF BURIAL Dec 3 1928

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39813

CERTIFICATE OF DEATH.

101-001 ✓ E 39813

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH W

City of BALTIMORE: (No. 636 Barre St 22-30 Ward)

2-FULL NAME Alberta Goodman

(a) RESIDENCE NO. 636 Barre St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July - 11 - 1927

7 AGE: Years 1 Months 4 Days 19 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Talbo. Md

PARENTS

10 NAME OF FATHER Cleveland Goodman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Laura Wicker

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) N. C.

14 Informant Cleveland Goodyear

(Address) 636 Barre St

15 Filed DEC 3 1928 19 HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 1 - 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Tolley, M. D.

(Coroner)

12/2, 1928 (Address) 2739 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: Dec 3 1928

20 UNDERTAKER: Ernest Pree ADDRESS: 1192 Hemrietta st

very important. See instructions on back of certificate. FAILURE TO FILE STATEMENT OF OCCUPATION IS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39814

CERTIFICATE OF DEATH.

E 39814
REGISTERED NO.

100-001

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 20-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Arnold

(a) RESIDENCE NO. 3129 Eutaw St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb - 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Arnold

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant James Arnold

(Address) 3129 Eutaw St.

15 Filed DEC 3 1928 19 C. HAMILTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Broncho - pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. ds.

(Signed) Eugene Fitz M. D.
(Coroner)

12/2, 19 28 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery Violetville, Md Date of Burial Dec 3 19 28

20 UNDERTAKER C. W. Dill ADDRESS 3109 Frederick Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39815

CERTIFICATE OF DEATH.

159-002

E 39815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 W Mulberry St. 19-27 Ward)

2-FULL NAME Mabel Louise Johnson

(a) RESIDENCE NO 1626 W. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-2-1928

7 AGE	Years	Months	Days	IF LESS than 1 day 10 hrs. or ... min.
—	—	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) W

(State or country) 1626 W Mulberry

PARENTS

10 NAME OF FATHER Harry Johnson

11 BIRTHPLACE OF FATHER (city or town) ...

(State or country) Md

12 MAIDEN NAME OF MOTHER Virgie Johnson

13 BIRTHPLACE OF MOTHER (city or town) ...

(State or country) Md

14 Informant Harry Johnson

(Address) 1626 W. Mulberry

Filed 1928 C. HAMILTON JONES, M. D. Registrar

By Rice

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes
(No evidence of Violence)
(Blue Baby) (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

(Signed) Chas. H. Jones M. D.

(Coroner) 1 W. Lex

12/2, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Date of Burial 12-4 1928

20 UNDERTAKER Joseph A Lively ADDRESS 409 N Monroe St

very important. See instructions on back of certificate.

3

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39816 — E 39816

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD) — REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Lawrence Shipley

(a) RESIDENCE NO. 2566 W Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs Lawrence Shipley

6 DATE OF BIRTH (month, day, and year) 10-5-03

7 AGE	Years	Months	Days 26	If LESS than 1 day, hrs. or min.
	25	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocryman

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Warren ~~A~~ R Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Buckingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 3 - 1928 S. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 28

17

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1928, to Dec 1, 1928, that I last saw him alive on Dec 1, 1928 and that death occurred, on the date stated above, at 4 39 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, malignant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 30, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trumbk M. D.

Dec. 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lawnridge Mem

DATE OF BURIAL Dec 3 1928

20 UNDERTAKER W M Routson

ADDRESS 223 E Pratt

Cor.—12-9-25—A Co.—200 Bks.

E 39817

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 39817

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 S. Sharp St. 23-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Weaver. (C)

(a) RESIDENCE NO. 912 S. Sharp St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) August 6, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	0	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Weaver. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Grace Smothers. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Grace Weaver. (C) mother.

(Address) 912 S. Sharp St.

Filed ... C. HAMILTON JONES, M. D. Registrar

DEC 3 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner) M. D.

12/3 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetary Date of Burial 12-3-1928

20 UNDERTAKER Mrs L. Chas H. Bailey ADDRESS 1421 Jefferson

OF DEATH in plain terms, so that it may be properly classified. Every statement is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 39818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 39818

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1606 Ellamont St. 16 67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Michel

(a) RESIDENCE NO. 1606 Ellamont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Chas. F. Michel

6 DATE OF BIRTH (month, day, and year) July 31 - 1856

7 AGE: Years 72 Months 4 Days 2 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Frederick Mullen

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ✓

(State or country)

14 Informant Harry S. Michel

(Address) 2200 N. Monticello Rd.

C. HAMPSON JONES, M. D.

15 Filed DEC 3 - 1928 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 DEC. 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1928, to Dec. 2, 1928, that I last saw her alive on Nov. 26, 1928, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ✓ yrs. 2 mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

12/2, 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial DEC 4 1928 19

20 UNDERTAKER: Geo. W. Little — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39819

CERTIFICATE OF DEATH.

90 E 39819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp 427-42 St. Ward)

2-FULL NAME Sarg't. Howard F. Roycroft

(a) RESIDENCE NO. 6506 Rosemont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Roycroft

6 DATE OF BIRTH (month, day, and year): Aug 2 76

7 AGE: Years 52 Months 3 Days 28 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sergt. Police 06

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto City Dept

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John A. Roycroft

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie M. Trust

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Susie Roycroft

(Address) 6506 Rosemont Ave

15 Filed ..... 19 ..... C. HAZLETT JONES, M. D. Registrar

By .....

C 3 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

Dec 8 (Signed) G. C. Hadet M. D.

(Coroner)

Dec 7 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem Date of Burial Dec 3 19 27

20 UNDERTAKER: Philip A Herrig ADDRESS 2016 Eutaw St

very important. See instructions on back of certificate.

Spec. 12-19-28—L. F. S.—500 Blks.

E 39820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 39820

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Caroline ST., 3-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Alboriden

(a) RESIDENCE NO. 125 S. Caroline ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Nathern Alboriden

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Leda Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Sherman Gardner

(Address) 125 S. Caroline st

15 Filed DEC 3 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-28

17 I HEREBY CERTIFY, That I attended deceased from 9-30, 1928, to 11-29, 1928, that I last saw h[illegible] alive on Nov 29, 1928 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Prof.

What test confirmed diagnosis?

(Signed) [signature] M. D.

11-30-28 (Address) 608 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lexington Mt Cem

DATE OF BURIAL Dec 3 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39821

CERTIFICATE OF DEATH.

101-6 E 39821,

REGISTERED NO. 10-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Buntwood Ave ST.) (WARD)

2-FULL NAME Emma Kate Conn

(a) RESIDENCE NO. 1115 Buntwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel L Conn

6 DATE OF BIRTH (month, day, and year) Jan 9-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Thos L. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Harriet Litzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Samuel L Conn

(Address) 1115 Buntwood Ave

15 Filed DEC 3 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2d 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1928, to Dec 1st 1928, that I last saw h alive on Nov. 30 1928, and that death occurred, on the date stated above, at 11 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myo & Endocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph Greenwald M. D.

12/1, 1928 (Address) 8460 W 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jesus M.E. Lutheran Cemetery Md DATE OF BURIAL Dec 4 1928

20 UNDERTAKER Bertram & Gore ADDRESS 1726 W Lafayette Ave

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39822

CERTIFICATE OF DEATH

100-001

E 39822

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Hook

(a) RESIDENCE NO. 435 E Pittings ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25th 1890

7 AGE: 38 Years | 10 Months | 6. Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John N. Hook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Josephine Linderer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Friends (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 3 - 1928 SAMUEL A. JONES, M. D. Registrar

Del

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1-28

17 I HEREBY CERTIFY, That I attended deceased from 11-23, 1928, to 12-1, 1928, that I last saw him alive on 12-1, 1928 and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Lung abscess

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Hook M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: DEC 3rd 1928

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St.

Important: See instructions on back of certificate.

Spec.—12-9-25—A Co.—500 Bks.

E 39823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 39823

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1419 E. Lanvale St. 9-17 Ward)

2-FULL NAME J. Ritchie Wilson

(a) RESIDENCE NO. 1419 E. Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Valetta M. Wilson

6 DATE OF BIRTH (month, day, and year) March 25, 1857,

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
71	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carriage Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Matilda Ritchie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Valetta M. Wilson

(Address) 1419 E. Lanvale St.

C. HAMPSON JONES, M. D.

Filed DEC 3 - 1928 19 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Nov 30

17 I HEREBY CERTIFY, That I attended deceased from Apr 15 1921, to Nov 30, 1928, that I last saw h live on Nov 30, 1928, and that death occurred, on the date stated above, at 6' p. m.

The CAUSE OF DEATH* was as follows:

Epid. Cerebro Spinitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Cerebral Hemorrhage

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. H. Myers, M. D.

Dec 1928 (Address) 1328 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. Date of Burial Dec. 7 1928

20 UNDERTAKER Wm C. Black ADDRESS 927 N. Broadway

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 39824

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 E 27 ST. 12-50 WARD)

2—FULL NAME John B. Doyle

(a) RESIDENCE NO. above ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma C. Doyle.

6 DATE OF BIRTH (month, day, and year) Nov. 9 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer) Building inspector

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md.

PARENTS

10 NAME OF FATHER Michael Doyle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Emma C Doyle

(Address) 309 E 27th St. Balto

15 Filed DEC 3 - 1928 HAMMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Nov 30, 1928, that I last saw h.. alive on Nov 24, 1928 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lowe, M. D.

12/1, 1928 (Address) 1916 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	12/4, 1928
20 UNDERTAKER	ADDRESS
Hennessy & Sons	Baltimore Md.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

117

E 39825 — CERTIFICATE OF DEATH — E 39825

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 3-4 WARD) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mike Diarch

(a) RESIDENCE NO. 131 S Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if foreign birth? 16 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) — Russia

PARENTS

10 NAME OF FATHER — Dead

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER — Dead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant — Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 3 1928, 19... C. HARRISON JONES M. D. Registrar. By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1928, to Dec 2, 1928, that I last saw him alive on Dec. 2, 1928, and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis with generalized peritonitis

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes Date of Nov. 30, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Clarence E. Gardner Jr. M. D.

12/2, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer — DATE OF BURIAL Dec 4 1928

20 UNDERTAKER — John Grieb — ADDRESS 1425 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39826

CERTIFICATE OF DEATH.

44

E 39826

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Clinton St.; 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Joseph Kahl

(Residence in Baltimore: No. 312 S. Clinton St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November (Month) 19 (Day), 1875 (Year)

7-AGE, 53 yrs. 12 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Coal yard

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles W. Kahl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Catherine Siefert

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norma Kahl

(Address) 312 S. Clinton St

15-

DEC 3 - 1928

(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1928, to November 30 1928, that I saw h[illegible] alive on November 30 1928, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) yrs. 14 mos. ds.

(Signed) Frank J Ayd M. D.

Dec 1/28 1928 (Address) 2005 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cem

DATE OF BURIAL. Dec 4 1928

20-UNDERTAKER George Smith

ADDRESS [illegible] Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39827

CERTIFICATE OF DEATH.

153 E 39827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2-4 St. WARD)

2-FULL NAME Peter Kaminski

(a) RESIDENCE NO. 627 S. Bethel St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car builder

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Peter Kaminski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Emma Bukaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Eugene Kaminski (Address) 627 S. Bethel St

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/30/28

17 I HEREBY CERTIFY, That I attended deceased from 11/1/28, 19, to 11/30/28, 19, that I last saw him live on 11/30/28, 19, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Lung abscess secondary to abscess of back & shoulder which were incised & drained. over

~~4 mo~~ (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) abscess of back & shoulder (duration) 0 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray & physical findings

(Signed) W. F. Varney, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart of Mary	Dec 4 1928.

20 UNDERTAKER: George A. Weber ADDRESS: S. Amity

C 3

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39828

CERTIFICATE OF DEATH

57 E 39828

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S Collington Ave ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Jankowska

(a) RESIDENCE NO. 234 S Collington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July/26/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Matthew Wesolowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maryanna Ponter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Julia Miezejewski, Daughter
(Address) 2345 Collington ave.

15 DEC 3 1928 [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1928 to Dec 2 1928, that I last saw h[illegible] alive on Dec 1st 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Diabetes,
from History of 25 mos.
(duration) yrs. mos. ds.
Otitis Cellulitis following Tooth.
CONTRIBUTORY (Secondary) Diabetic Coma (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

12/3, 1928 (Address) 3508 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery Dec

DATE OF BURIAL: , 5 19 28

20 UNDERTAKER: George A. Weber

ADDRESS: 705 S Ann st

Important. See Instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 39829

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39829

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 h Collins Av St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Oberseider

(a) Residence No. 700 h Collins Av St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Oberseider

6-DATE OF BIRTH (month, day and year) Nov 2 1850

7-AGE. 78 yrs. — mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) and

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Louis Oberseider

(Address) 700 Collins Ave

15-Filed 03 - 1928

S. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-1-28

17- I HEREBY CERTIFY, That I attended deceased from Nov 29, 19 28, to Dec 1st xx, 19 28 that I last saw h alive on Dec 1 — 19 28 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dan Gundelfinger, M. D.

12/2, 19 28 (Address) 5 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL. 12-4, 19 28

20-UNDERTAKER. Robert Brooks & Son

ADDRESS Calhoun Hoffman

Fill in instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 39830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 202 Hillen Road, ST. Govans md WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lola I. Caldwell.

(a) RESIDENCE No. 202 Hillen Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 27 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	6	

8 OCCUPATION OF DECEASED — —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Govans. md

PARENTS

10 NAME OF FATHER James E. Caldwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Bessie Sledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bessie Caldwell

(Address) 202 Hillen Road

15 Filed DEC 3 - 1928 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 2, 1928, that I last saw h alive on Dec 2, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia.

CONTRIBUTORY (Secondary) (duration) Acute Bronchitis yrs. mos. 3 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Suspected

(Signed) Harry T Brown, M. D.

Dec 3 1928 (Address) 1116 Cummings

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery DATE OF BURIAL Dec 3 1928

UNDERTAKER Frederick Leadenham ADDRESS Govans Fullerton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39831 — 129 — E 39831

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Herbert ST. 15-68 WARD

2-FULL NAME Margaret R Wortman

(a) RESIDENCE NO. 2112 Herbert ST., 15 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: William A Wortman

6 DATE OF BIRTH (month, day, and year): Feb — 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	57	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jacob Fowbler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary E Bigger

(Address) 1533 Clifton Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Dec 1, 1928, that I last saw h[illegible] alive on Nov 30, 1928, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) 1 [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) Fred C Jones, M. D.

Dec 1 1928 (Address) 251 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 12/4/28

20 UNDERTAKER: Geo J Ruth — ADDRESS: 1735 Harford

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

File C 3-1928 C. HAMILTON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 39832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1852 E 39832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. (ST.) Gen. Hosp. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leopold Springer

(a) RESIDENCE No. 1852 W. Balto. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 3 mos. 15 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Priscilla Springer

6 DATE OF BIRTH (month, day, and year): Aug 17th 1847

7 AGE: 81 Years | 3 Months | 15 Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

(c) Name of employer: Jacobs Brooks & Co

9 BIRTHPLACE (city or town) (State or country): Cumberland Md

PARENTS

10 NAME OF FATHER: Wolfe Springer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Priscilla Springer (Address) 1852 W. Balto St

15 Filed DEC 3 - 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928, to Dec. 1, 1928, that I last saw him alive on Dec. 1, 1928 and that death occurred, on the date stated above, at 10.45 P. m

The CAUSE OF DEATH* was as follows:

Fracture of right femur
Fracture of Right Humerus
due to a fall in the Street
on Nov 7 1928

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj Sarubin, M. D.

Dec. 19 (Address) West Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cemetery

DATE OF BURIAL: Dec 3 1928

UNDERTAKER: S. Weisfeld

ADDRESS: 1853 W. Balto St

TION IS very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 ✓ E 39833

REGISTERED NO.

E-39833 DEATH

City of BALTIMORE: (No. 727 N Collington St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G. Fowler

(a) RESIDENCE NO. 727 N Collington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine Fowler

6 DATE OF BIRTH (month, day, and year): Aug 1873

7 AGE: Years 55 | Months 1 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: Benjamin Fowler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Esser

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Katherine Fowler

(Address): 727 N Collington Ave

15 Filed 3-1928, 19 C. HAMPDEN JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1928, to Dec 3, 1928, that I last saw h.. alive on Dec 2, 1928, and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. 21 mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Urinalysis

(Signed) Isaiah Polk, M. D.

19 (Address) 2202 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prince Frederick Cemetery Date of Burial Dec 5 1928

20 UNDERTAKER: Wm. Proctor ADDRESS 1906 Eutaw

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH E 39834 — 162 E 39834 REGISTERED NO.

City of BALTIMORE: (No. 1823 Ashland Ave St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter V. Landgraf

(a) RESIDENCE NO. 1823 Ashland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27/28

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Geo. Landgraf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Helen Dashiell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Geo. Landgraf

(Address) 1823 Ashland Ave

Filed ..... 19 ..... Registrar

DEC 3 - 1928 HARRY V. JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of New Born

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Kolb M. D.
(Coroner)

12/3/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

PUBLIC CEMETERY DEC 3 1928 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

Per Wm. H. Ferguson

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Peterson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39835
1-PLACE OF DEATH

+197

REGISTERED No. E 39835

City of BALTIMORE: (No. Mercy Hospital St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Peterson

(a) RESIDENCE NO. (Commercial Hotel) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~ [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Denmark ?

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

DEC 3 1928

15 Filed C. HAMPSON JONES, M. D.
Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible]
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said [illegible]
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: [illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Dec 28, 1928 (Address) 637 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

PUBLIC CEMETERY

20 UNDERTAKER — ADDRESS

DEC 3 - 1928

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39836

CERTIFICATE OF DEATH.

E 39836

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

2-FULL NAME Katherine Hall (c

(a) RESIDENCE NO. 2722 N. Eutaw St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years: 30 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1928 HAMPTON JONES, M. D.

Registrar

DEC 3 - 1928 THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

Left Lateral

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial: DEC 3 - 1928

20 UNDERTAKER: Commissioner Health. ADDRESS

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39837

CERTIFICATE OF DEATH.

161-001 E 39837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 365 N. Gilmor St ST. 15-22 (WARD)

2-FULL NAME Baby Boy Johnson

(a) RESIDENCE NO.. 1365 N. Gilmor St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1928

7 AGE Years Months Days If LESS than 1 day, 3 hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Robert Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lulu Markham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address)

15 Filed DEC 3 1928, 19.. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1928, to Dec 1, 1928.

that I last saw h/ alive on Nov. 30, 1928,

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Woodall, M. D.

, 19 (Address) Univ Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Deputy Commissioner of Health.

DEC 3 - 1928

For the Board.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in all items.
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39838

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 25-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Blake.

(a) RESIDENCE No. 3129 Old Annapolis Road. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER John Blake.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Bessie Weitzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Emma Weitzell
(Address)

15 Filed DEC 3 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1928, to Nov. 27, 1928.

that I last saw her alive on Nov. 27, 1928.

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Spina Bifida complicated by Hydrocephalus, Paralysis of Respiratory Center and Respiratory Failure Conjuited (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? 0 Date of 0

Was there an autopsy? 0

What test confirmed diagnosis? -

(Signed) E. T. Lambeth, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

DEC 3 - 1928

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 V

E 39839

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Ensor ST., 5-8 WARD)

REGISTERED NO. E 39839

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Leonard Fink

(a) RESIDENCE NO. 510 Ensor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Fink

6 DATE OF BIRTH (month, day, and year) April 4-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) out

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Seidel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles H. Fink

(Address) 510 Ensor St.

15 Filed DEC 3 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1928, to Dec 1, 1928, that I last saw h[illegible] alive on Dec 1, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Fidler M. D.

12/3, 1928 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec 4 1928
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E. Eager st

Spec.—2-29-28—L. F. S.—500 Bks.

E 39840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 ✓ E 39840

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2787 Alameda Blvd. WARD) 9-46

2—FULL NAME Fredericka Winterham

(a) RESIDENCE NO. 2787 Alameda Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): ~~Married~~ Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Joseph Winterham

6 DATE OF BIRTH (month, day, and year): June 15, 1845

7 AGE: 83 Years | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Michael Bagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothy Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Wm C. Seifried

(Address) 2787 Alameda Blvd

DEC 3 - 1928

H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1st, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1928, to Dec 1st, 1928, that I last saw h[illegible] alive on Nov 1, 1928, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert J. Ingall, M. D.

(Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bello Cemetery — DATE OF BURIAL: Dec 4 1928

20 UNDERTAKER: Robt J Turner — ADDRESS: 1442 Broadway

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39841

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 206 Southway ST. 1749 WARD)

2-FULL NAME Charlotte C. Garrett

(a) RESIDENCE NO. 205 Southway ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 2nd 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Wilmington Del

PARENTS

10 NAME OF FATHER Charles Canby Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington Del

12 MAIDEN NAME OF MOTHER Margaret Page Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinsburg W Va

14 Informant Geo W Reinder
(Address) 201 Southway

15 Dec 3 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2d 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1926, to Dec. 2d, 1928, that I last saw he alive on Dec. 2d, 1928, and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — .

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis V. Hamburger, M. D.

Dec 3, 1929 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Berryville Va

DATE OF BURIAL: 12-4 1928

20 UNDERTAKER: Henry W. Jenkins Sons Co

ADDRESS: Richard McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39842 E 39842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt. City Hospital St. 16-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon C Marshall

(a) RESIDENCE NO. Fort Howard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U S Army

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Walnut Cove N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Emma —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Fort Howard Md.

(Address)

15 Filed 19 C. HAMPSON JONES, M. D.

Rec'd Registrar

3-1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Parietal Bone Portion & Bone removed Both Ears & Nose, with probable mental accident 3 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute meningitis

(duration) yrs. mos. ds.

(Signed) James M Hanton M. D.

(Coroner)

12/4 1928 (Address) 1004 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Eastern ave & 15 st

Former or usual residence Fort Howard

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasantville N. C. Date of Burial 12-3, 1928

20 UNDERTAKER Hof Livingston & Bro E Balto st ADDRESS 1127

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39843

E 39843

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Sherman Sparks

(a) RESIDENCE NO. Upperco Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Aug 28 - 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	3 15	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Sherman Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 3 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, (to Dec 3, 1928

that I last saw him alive on Dec 3, 1928

and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Myocardial failure.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Anemia - pneumonia.

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood examination.

(Signed) James A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace Cemetery, Baltimore

DATE OF BURIAL Dec 5 1928

20 UNDERTAKER Edw. C. Tipton

ADDRESS Hampstead Md

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 SE 39844

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4814 Park Heights Ave Ward 56

2-FULL NAME Nancy Simpson

(a) RESIDENCE NO. 4814 Park Heights Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: ~~HUSBAND of~~ Robt Simpson

6 DATE OF BIRTH (month, day, and year): Jan 11, 1846

7 AGE — Years: 82 Months: 10 Days: 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltc

(State or country): Md.

10 NAME OF FATHER: Henry Taylor

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nancy McEvans

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

PARENTS

14 Informant: J. Milton Sleet

(Address): 4814 Park Heights Ave

Filed: 3 1928

C. HAMPSON JONES, M. D. Registrar

Per: ALS

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Res- death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Fall.

Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 2 8

(Signed) C C Yates M. D.

(Coroner)

, 19 (Address) 1437 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Dec 4 1928

20 UNDERTAKER: Geo. W. Tittle ADDRESS: Edmondson Ave

Spec- 12-23-21—E.B.R.S.—400 Eks.

E 39845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39845

CERTIFICATE OF DEATH.

3-4 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 S. Dallas St., 3-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E. Nawrocki

(a) Residence No. 518 S. Dallas St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced of (or) WIFE of Stanislaw Nawrocki

6-DATE OF BIRTH (month, day and year) Dec 6-1895

7-AGE. 32 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Alexander Selinski

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Poland

12-MAIDEN NAME OF MOTHER. Ludwiga Sadowski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Poland

14- (Informant) Alexander Selinski (Father)

(Address) 518 S. Dallas St.

15- C. HAMPSON JONES, M. D.

Filed 3-1928 192 Per [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-1-28

17- I HEREBY CERTIFY, That I attended deceased from 11-29-28 to Dec 2 1928

that I last saw her alive on Dec 1 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pul Edema

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. J. Jones M. D.

(Address) 508 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stanislaus

DATE OF BURIAL. 12/4 1928

UNDERTAKER William Fiedorowski

ADDRESS 108 Eastern Ave

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001 V E 39846

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Potomac ST., 1-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JAMES GORDON BENNETT

(a) RESIDENCE NO. 527 N. Potomac ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) May 5, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER LeRoy Bennett

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Krieg

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. LeRoy Bennett (Father)
(Address) 527 N. Potomac St.

15 Filed DEC 3 1928 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 1, 1928, that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 11.00 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Cunbaus, M. D.

Dec 3, 1928 (Address) 0100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Dec. 4, 1928

20 UNDERTAKER Henry Sander & Sons, Inc. — ADDRESS BALTIMORE ST. & BROADWAY.

Spec. -7-17-26—A Co.—200 Bks.

E 39847

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 39847

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 27-41 Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Martha Mullen

(a) RESIDENCE NO. 5210 Belair Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Mullen

6 DATE OF BIRTH (month, day, and year): March 10 1874

7 AGE: Years 54 Months 8 Days 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Rhinehart

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Lundgren

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md.

14 Informant: Henry Mullen

(Address): 5210 Belair Rd.

15 Filed 3-1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928 to Dec 2, 1928.

that I last saw her alive on Dec 2, 1928.

and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

12/2. 19 28 (Address) Mercy Hosp. #2758

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial Dec. 5 1928

20 UNDERTAKER: Wm. Cook ADDRESS 3032 Wash.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39848

E 39848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3244 Keswick Rd (St.) 13-52 (Ward)

REGISTERED No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Newcomer

(a) RESIDENCE No. 3244 Keswick Rd (St.)

(Usual place of abode)

WARD

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	W.	Sin.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 2, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, 7 hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Tsacto

PARENTS

10 NAME OF FATHER Daniel S. Newcomer

11 BIRTHPLACE OF FATHER (city or town) Rockbridge (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alpha A. Alley

13 BIRTHPLACE OF MOTHER (city or town) Buena Vista Va. (State or country)

14 Informant Donna Newcomer

(Address) 3244 Keswick Rd

DEC 4 - 1928

H. A. Jones, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 3, 1928, that I last saw h live/alive on Dec 3, 1928 and that death occurred, on the date stated above, at 6:40 a. m.

The CAUSE OF DEATH* was as follows:

Still birth. Artificial respiration brought life in 1 hour. Never very strong.

(duration) 2 hrs mos ds.

CONTRIBUTORY (Secondary) Prolapsed Cord,

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Jones M. D.

12/3 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary Cemetery

DATE OF BURIAL 12/4 1928

20 UNDERTAKER J. M. Cox

ADDRESS 1217 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39849

CERTIFICATE OF DEATH.

101-001

E 39849

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-22 WARD)

2-FULL NAME Merrill Galloway

(a) RESIDENCE NO. 326 N. Green ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Glennie Galloway

6 DATE OF BIRTH (month, day, and year): June 27, 1895

7 AGE: Years 33; Months 5; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Aviator. Ofr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Army.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Merrill Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Gertrude Eisenman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary Jones 326 N Green

15 Filed C 4 1928 HARRY B. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Dec. 2, 1928, that I last saw h alive on Dec. 2, 1928, and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Massive Rt. Side).

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary): Pulmonary Artery Embolism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy & clinical

(Signed) Curtis E. Clark, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus

DATE OF BURIAL: Dec 6 1928

20 UNDERTAKER: H. M. Cook

ADDRESS: 511 Edmondson Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39850 E 39850

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Riverside Ave. ST. 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Mathews,

(a) RESIDENCE NO. 1039 Riverside Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Clara L. Mathews (nee Dawson)

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator Piston Ring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett & Hayward Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas L. Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Levinia Ruork

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs. Clara L. Mathews, 1039 Riverside Ave.

15 Filed 4-1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1928, to Dec 2, 1928, that I last saw h alive on Dec 2, 1928, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. 1 mos 17 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. T. Campbell M. D.

12/3, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 12/4 1928

20 UNDERTAKER Mary J. Wittle

ADDRESS 53 N. Conkling St.

Spec.—1-12-23—M&T—500 Bks.

E 39851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 39851

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2047 Llewelyn ave ST. 8-16 WARD)

2-FULL NAME Clara Braxton

(a) RESIDENCE NO. 2047 Llewelyn ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Braxton.

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MD.

PARENTS

10 NAME OF FATHER Bean Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD.

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD.

14 Informant Mary Wilson

(Address) 2047 Llewelyn ave

15 Filed DEC 4 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-30-, 1928, to 12-2-, 1928, that I last saw h alive on 12-2-, 1928 and that death occurred, on the date stated above, at 3,30 m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hargis, M. D.

12-3-, 1928 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Dec. 5 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1681 orleans st

THIS is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39852

CERTIFICATE OF DEATH.

90 ✓ E 39852

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 N. Bethel St. St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Green

(a) RESIDENCE NO. 203 N. Bethel St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Green

6 DATE OF BIRTH (month, day, and year) Sept 13/1872

7 AGE	Years	Months	Days 18	IF LESS than 1 day ....hrs. or ....min.
	56	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer Davis Chemical Co

9 BIRTHPLACE (city or town)

(State or country) Anna Arundel Co., Md

PARENTS

10 NAME OF FATHER Ephriam Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A.A.Co., Md.

12 MAIDEN NAME OF MOTHER Eliz. V. Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A.A. Co. & Md.

14 Informant Edward Green (Bro)

(Address) Pasedena, Md.

15 Filed ..... 19 C. HAMILTON JONES, M. D.

DEC 4 - 1928 Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cotter M. D.

(Coroner)

12/3/28 (Address) 508 E. Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Moriah Cemetery Date of Burial Dec 4 19 28

20 UNDERTAKER Edward Bryan ADDRESS 163 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39853

CERTIFICATE OF DEATH.

168

E 39853

1-PLACE OF DEATH

City of BALTIMORE. (No.) Woods Hospital Cripple Children (St.) (Ward)

2-FULL NAME Ira Marburg

(a) RESIDENCE NO. 3835 Green Spring Ave (St.) Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia D. Marburg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Julia D. Marburg

(Address) 3835 Green Spring Ave

15 Filed ..... 19 ..... P. M.

Registrar

4 - 1928 C. HARRY JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Hanging rope-

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asphyxia

Duration ..... yrs. ..... mos. ..... ds.

Dec 3/28 (Signed) G. E. Blades (Coroner) M. D.

, 19 (Address) 143 W. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
St. Marys Hampden	Dec 6 28
20 UNDERTAKER	ADDRESS
Edmondson	345 Hilton Ave

Very Important. See INSTRUCTIONS on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39854

CERTIFICATE OF DEATH.

E 39854

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 6-9 WARD)

2-FULL NAME Mrs Mary F. Hines

(a) RESIDENCE NO. Helena Ave, Essex Md. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry T. Hines

6 DATE OF BIRTH (month, day, and year) June 28/860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Catherine Harkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant James M Hines (Address) 3132 Remington ave

15 Filed DEC 4 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I attended deceased from November 28, 1928, to December 2, 1928, that I last saw her alive on December 2, 1928, and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis; Hypertension ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lemon N. Mowell, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Dec 5 1928
20 UNDERTAKER John F Denny	ADDRESS 765 Light St

IMPORTANT See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. E 39855

CITY OF BALTIMORE: (No. 4016 Woodbine Ave WARD) 24-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Zimmerman

(a) RESIDENCE NO. 4016 Woodbine Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Zimmerman

6 DATE OF BIRTH (month, day, and year): Oct 18 1850

7 AGE: Years 78 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 563

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Charles Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wittmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Albert J Zimmerman

(Address) 4016 Woodbine Ave

15 Filed DEC 4 - 1928 W. Reich Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1928 to Dec 3 1928

that I last saw h alive on Dec 3 1928

and that death occurred, on the date stated above, at 2 35 A m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary): Asthenia Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter F Donn M. D.

12/3 1928 (Address) 1917 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 6 1928

20 UNDERTAKER: John F Denny — ADDRESS: 715 2 St

Spec.—1-10-21—M&T—1500 Bks.

E 39856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39856

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen Hospital ST. 25 WARD 12

2-FULL NAME Thomas B. Lee

(a) RESIDENCE NO. Audrey Ave. ST. Hilltop WARD Brooklyn.
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Martha Lee

6 DATE OF BIRTH (month, day, and year): 11.25.1868

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 087

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Baldwin Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records
(Address)

15 Filed C 4 1928 C. HAMPSON JONES, M. D., Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 1. 1928

17

I HEREBY CERTIFY, That I attended deceased from 11. 27. 1928. to 12. 1. 1928.

that I last saw him alive on 12. 1. 1928.

and that death occurred, on the date stated above, at 12:05 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Renal Disease - Unknown (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Sylvan Haesche M. D.

12/1, 1928 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Dec 4 1928

20 UNDERTAKER: John F. Denny ADDRESS: 715 Leigh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 39857

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 521 WARD)

2-FULL NAME Minnie Kerssey

(a) RESIDENCE NO. 1700 Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wh.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kerssey

6 DATE OF BIRTH (month, day, and year) Jan. 13. 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

PARENTS

10 NAME OF FATHER Samuel Ripple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Caroline Packett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co., Md.

14 Informant Mrs. Caroline Rider

(Address) 1700 N. Fulton ave.

15 Filed DEC 4 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/25 1928, to 12/3 1928, that I last saw her alive on 12/2 1928, and that death occurred, on the date stated above, at 7:40 a.m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

Appendiceal abscess

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/27/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lill. Lampkin, M. D.

12/3 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 12/6 1928

20 UNDERTAKER Margaret G. Flynn — ADDRESS 142 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39858

CERTIFICATE OF DEATH.

129 E 39858

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md Gen Hospital

CITY OF BALTIMORE: (No. 11-25 ST. WARD)

2-FULL NAME Charles Wachter

(a) RESIDENCE NO. 223 N. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Ivy T. Deer

6 DATE OF BIRTH (month, day, and year) Oct 20/60

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd

(c) Name of employer Amer. Hdwe. Supply Corp.

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Louis F. Wachter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Kinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records

15 Filed DEC 4 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-27-1928, to 12-3-1928, that I last saw him alive on 12-3-1928, and that death occurred, on the date stated above, at 1.25 A m.

The CAUSE OF DEATH* was as follows:

Cardio vascular-Renal disease

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

17 (Signed) Geo. A. Guthrie M. D.

(Address) 1718 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Fred. Co. Md.

DATE OF BURIAL 12/5 1928

20 UNDERTAKER Thos. G. Blank

ADDRESS 7421 Harford ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39859 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39859

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Reservoir ST., 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myra Harper Sheetz

(a) RESIDENCE NO. 603 Reservoir ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of James Sheetz

6 DATE OF BIRTH (month, day, and year) Sept 25, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Romney. W. Va.

PARENTS

10 NAME OF FATHER William Harper.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chambersburg Pa.

12 MAIDEN NAME OF MOTHER Nancy Neale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Romney W. Va.

14 Informant John D. Alexander.. (Address) 603 Reservoir St.

15 Filed DEC 4 1928 H. WINSTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1928, to Dec 3, 1928, that I last saw h[illegible] alive on Dec 1, 1928 and that death occurred, on the date stated above, at 5-9 m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis. Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia 5 dys (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Chas. M. Wainwright, M. D.

12/4, 1928 (Address) 9 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Romney W. Va.

DATE OF BURIAL 12/5 1928

20 UNDERTAKER Chas G. Black

ADDRESS 742 W. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 39860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39860

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernice Carson

(a) RESIDENCE NO. 557 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/20/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10 NAME OF FATHER Thomas Carson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Hattie Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Dec 4, 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct-1, 1928, to Dec 1, 1928

that I last saw h.. alive on Dec 1, 1928

and that death occurred, on the date stated above, at 5 - m.

The CAUSE OF DEATH* was as follows:

pertussis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. C. Goodwin, M. D.

12/2, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cem.	Dec 4 1928
20 UNDERTAKER	ADDRESS
Mrs R A Elliott	1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39861

CERTIFICATE OF DEATH

127-001

E 39861

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 535 N. Belnord Ave (ST.) (WARD) 10

2—FULL NAME Louis J. Ries

(a) RESIDENCE NO. 535 N. Belnord Ave ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S., if foreign birth? 48 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 17 1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hardware

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Peter Ries

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Horning

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Margaret Schaefer

(Address) 709 N. Larkin Road

15 Filed ___, 19___ HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 2nd 1928

17

I HEREBY CERTIFY, That I attended deceased from October 14, 1928, to December 1, 1928, that I last saw he was alive on December 1, 1928 and that death occurred, on the date stated above, at 12.42 P. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease
Cirrhosis of the liver
acute

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? ÷

Did an operation precede death? ÷ Date of ÷

Was there an autopsy? ÷

What test confirmed diagnosis? —

(Signed) A. W. A. Mayer, M. D.

Dec. 2, 1928 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec 5th 1928

20 UNDERTAKER: Henry Storch Son — ADDRESS: 1301 E Eager St

Spec.–7-17-26—A Co.—200 Bks.

E 39862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39862

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lucy Roche

(a) RESIDENCE NO. 1319 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Deceased Cornelius P. Roche

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard McCracken

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known

(State or country)

14 Informant Mr. Cornelius Roche

(Address) 1319 N. Caroline St

15 Filed DEC 4 - 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/28 19

17 I HEREBY CERTIFY, That I attended deceased from 11/6/28, 19, to 12/2/28, 19, that I last saw her alive on 12/2/28, 19, and that death occurred, on the date stated above, at 11 a.m. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) E. S. Whitehead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemetery	Dec 6 1928

20 UNDERTAKER Henry Hoech Son ADDRESS 1301 E Eager St

If the certificate is not properly filled out, or if it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39863

CERTIFICATE OF DEATH.

101-901

E 39863

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 2071 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Kerns

(a) RESIDENCE NO. 406 Collins Ave., (Irvington) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Private Detective

(b) General nature of industry, business, or esmblishment in which employed (or employer) 08

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Bernard Kerns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Callahan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. H. E. Williams

(Address) 406 Collins Ave (Irvington)

15 Filed DEC 4 - 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

18 12/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Dec. 5 1928

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

[signature] M. D.

Very important. See instructions on back of certificate. Care statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

E 39864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39864

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1218 S. Sharp St. St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah Small.(C)

(a) RESIDENCE NO. 1218 S. Sharp St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 31, 1904

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	24	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boxer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Jackmore Small.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Julia V. St. John.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Jackmore Small.(C) father.

(Address) 1218 S. Sharp St.

15 Filed DEC 4 - 1928 HARRY JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) G. M. Leonhardt M. D.

(Coroner)

12/8, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Dec 4 1928

Date of Burial

20 UNDERTAKER J. L. Brown & Son

ADDRESS 109 W. Monday

Be sure to give name of street, and that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39865

CERTIFICATE OF DEATH.

25-00

E 39865

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 Midvale Road R P ST. 27-5 (WARD)

2-FULL NAME Emily A. Brian

(a) RESIDENCE NO. 14 Midvale Road R P ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion A Brian

6 DATE OF BIRTH (month, day, and year): Dec 23 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Thomas Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Jane L Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Mrs I Manning Parsons
(Address) 14 Midvale Rd

15 Filed DEC 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov-23. 1928. to Dec. 2 . 1928.

that I last saw her alive on Dec. 2 . 1928.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion Probably embolus. Renal infarction.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Left Hemiplegia, Probably embolus. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms + Pathology

(Signed) M. Gibson Forter, M. D.

12/3/1928 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 12-5

20 UNDERTAKER: John D Spence

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39866

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Marine Hospital 4-5 St. Ward)

2-FULL NAME Albert Olsen.

(a) RESIDENCE NO. S. S. Salina St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Don't know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE: About — Years: 50 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Rigger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Sweden

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town):

(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Hospital Records

(Address)

Filed DEC 4 - 1928 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Fall.

Fracture of base skull. 0

& 3+4 Ribs (Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1/2 hr.

Dec 3/28 (Signed) A. C. Yates M. D. (Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's, Hampden Date of Burial: Dec. 4, 1928

UNDERTAKER: E. Leroy Stiffler ADDRESS: 1256 North Ave.

very important. See instructions on back of certificate.

If DEATH occurred in a hospital, the informant must be properly designated. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39867

CERTIFICATE OF DEATH.

129 E 39867

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 122 E Fort ST. (WARD) 24-33

2-FULL NAME Columbus Nunnally

(a) RESIDENCE NO. 122 E. Fort Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clementine Nunnally

6 DATE OF BIRTH (month, day, and year) 3-1-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. do

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltr Md.

PARENTS

10 NAME OF FATHER Emm. H Nunnally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Nunnally (Address) 122 E. Fort Ave.

15 Filed DEC 4 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 3, 1928, that I last saw him alive on Dec 2, 1928 and that death occurred, on the date stated above, at 9.30 a m

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. P. Hearn, M. D.

12/4 1928 (Address) 3907 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 12/5 1928

20 UNDERTAKER J. Frew McCully

ADDRESS 1308 Fort

[illegible] JONES, M. D. Registrar

TION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-2001 ✓ E 39868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 E. Preston St. (WARD) 10-14

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret D. Draffley

(a) RESIDENCE NO. 719 E. preston ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John M. Draffley

6 DATE OF BIRTH (month, day, and year) June 20. 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

PARENTS

10 NAME OF FATHER George M. Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary Ann Gilds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisburg Pa.

14 Informant Joseph Draffley
(Address) 719 E preston St

15 Filed DEC 4 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to Dec 2 1928, that I last saw h[illegible] alive on Dec 2 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible] M. D.

12-3 1928 (Address) 1 East Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Dec 5 1928

20 UNDERTAKER Elmer W. Conklin — ADDRESS 924 E Eager St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39869

CERTIFICATE OF DEATH.

57 E 39869

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Dallas ST. 6-9 WARD)

2-FULL NAME Annie West

(a) RESIDENCE NO. 412 N. Dallas ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David West

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Le Compt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Charlotte Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Beatrice Wesley.

(Address) 1739 E. Eager St.

15 Filed DEC 4 - 1928 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-28-1928, to 12-1-1928, that I last saw h[illegible] alive on 12-1-1928 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Matt Cargile, M. D.

12-3-1928 (Address) 611-N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12/4/1928

20 UNDERTAKER Wright

ADDRESS 1218 McCulloh

Mt. Zion Cemetery

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Nancy Merenda

E 39870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 36-004 E 39870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (St.) 46-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Merenda

(a) RESIDENCE NO. 4201 Eierman Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gaetano Merenda

6 DATE OF BIRTH (month, day, and year) Aug 10 1896

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mondica Italy

PARENTS

10 NAME OF FATHER Rosario Maltona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant John Merenda

(Address) 4201 Eierman ave

15 Filed 12-4-1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/26, 1928, to 12/2, 1928, that I last saw her alive on 12/2, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of ovary

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis - Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 12/1/28

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) A. C. Zimmerman M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 5 1928

20 UNDERTAKER Frank V. Pistone — ADDRESS 2818 E. Balto. St

THION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39871 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39871

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Eager ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Rodell

(a) RESIDENCE NO. 927 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Lena O'Boone

(Address) 927 Druid Hill Ave

15 Filed Dec 3, 1928 CLARENCE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 1, 1928, that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 10.00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

about

? (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation duration yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) V. Messina, M. D.

, 19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-4 1928
20 UNDERTAKER Daniel Easton	ADDRESS 916 Park

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39872

CERTIFICATE OF DEATH

73 E 39872

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Drake

(a) RESIDENCE NO. 1344 Carroll ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ada Drake

(Address) 1344 Carroll st

15 Filed DEC 4 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3-28

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Dec 3, 1928

that I last saw h. alive on Dec 2 1928

and that death occurred, on the date stated above, at 6 40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Benjamin Harris M. D.

, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	12-4 1928
20 UNDERTAKER	ADDRESS
Hamilton	916 Pa ave

E 39873

1 PLACE OF DEATH

County Baltimore

STATE OF MARYLAND
CERTIFICATE OF DEATH E 39873

Registration Dist. No.

Village or City ..... (No. 5925 Putnam ave St.: ..... Ward) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph T. Bobry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Mar 19 (Month) (Day) 1883 (Year)

7 AGE: 45 yrs. 8 mos. 14 ds. | If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Bobry

11 BIRTHPLACE OF FATHER (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Anna Yoka

13 BIRTHPLACE OF MOTHER (State or country): Bohemia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Bobry

(Address) 5925 Putnam ave

15 Filed ..... 192 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 3 (Month) (Day) 1928 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug-20- 1928 to Dec-3- 1928, that I last saw h— alive on Dec 2 1928, and that death occurred on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH * was as follows:

Acute Pulmonary Tuberculosis

(Duration) (3) yrs. 3 mos. ..... ds.

Contributory Secondary: Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Joseph Brown M. D.

192 (Address) 1250 Bolton

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 6, 1928

20 UNDERTAKER: Frank E. Buck Son — ADDRESS: 1916 Madison ave

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4-1928 E HAMILTON Print & Ptg. Co. Balto. Md.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39874

CERTIFICATE OF DEATH.

31 E 39874

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (15-22 ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Brown

(a) RESIDENCE No. 1404 Laurens st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Alexander Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed DEC 4 - 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Dec. 3, 1928, that I last saw her alive on Dec. 3, 1928, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry C Smith, M. D.

12-3 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nashville Va

DATE OF BURIAL Dec 4 1928

20 UNDERTAKER Sand. H. Cox & Son

ADDRESS 1400 W Lanvale

PRINT in very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Knoebel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39875

CERTIFICATE OF DEATH

90

E 39875

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1127 E Fulton Ave ST. 16-24 WARD)

2—FULL NAME Leroy Washington Knoebel

(a) RESIDENCE NO. 1127 E Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mary Knoebel

6 DATE OF BIRTH (month, day, and year) Oct 10, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leroy Knoebel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lucie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E Leroy Knoebel

(Address) 1127 E Fulton Ave

15 Filed Dec 4 1928 HARRY A. MOUL, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Dec 2, 1928, that I last saw h alive on Dec 2, 1928 and that death occurred, on the date stated above, at 11:25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocardial Insufficiency and dilatation of Heart.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E L Tompkins M. D.

, 19 (Address) 516 N Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec 6 1928

20 UNDERTAKER Joseph Smith

ADDRESS 1552 Fulton

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39876

CERTIFICATE OF DEATH.

12 E 39876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 430 N. Exeter ST. 58 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel David Feinberg

(a) RESIDENCE No. 430 N. Exeter ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Feinberg.

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russell Russia

PARENTS

10 NAME OF FATHER Elis Louis Feinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russell Russia

12 MAIDEN NAME OF MOTHER Leah Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russell Russia

14 Informant Hyman Feinberg

(Address) 23 E. Baltimore St

15 Filed DEC 4 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Dec 4, 1928, that I last saw h[illegible] alive on Dec 4, 1928, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Dec 4, 1928 (Signed) Luigi D. DiStefano M. D.

(Address) 407 N. Exeter St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Dec 6 1928

20 UNDERTAKER D. Jack Lewis — ADDRESS 1439 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39877 ✓ E 39877

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... ST. 5-8 WARD)

2-FULL NAME Hyman Follus

(a) RESIDENCE NO. 140 N Front St ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 18 yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Follus

6 DATE OF BIRTH (month, day, and year) March 10-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Follus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Brotkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1429 Eutaw St

Filed DEC 4 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1928

17 I HEREBY CERTIFY, That I attended deceased from November 20, 1928, to December 3, 1928, that I last saw him alive on December 3, 1928, and that death occurred, on the date stated above, at 12:40 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. ..... mos 13 ds

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ludwig Stolz M. D.

12-3, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Retreat Westminster DATE OF BURIAL 12/4 1928

UNDERTAKER Jack Lewis ADDRESS 1429 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39878

CERTIFICATE OF DEATH

90 E 39878

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1149 Gorsuch Av (ST.) 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George M. Baker

(a) RESIDENCE NO. 1149 Gorsuch av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Ensor Baker

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Albert Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Eleanor Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co md

14 Informant Belle E. Baker

(Address) 1149 Gorsuch av

15 Dec 4 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3d 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 7th 1928, to Dec 3d 1928, that I last saw him alive on Dec 3d 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation & Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular fibrillation of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert E Bingswalt, M. D.

12/5/1928 (Address) 1613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Co Black Rock md

DATE OF BURIAL Dec 5 1928

17 UNDERTAKER Blue Mitchell and Son

ADDRESS 900 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

E 39879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39879

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 14-20 WARD)

2-FULL NAME Thomas F Monahue.

(a) RESIDENCE NO. 1707 Park ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John T. Monahue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Colgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm C. Monahue

(Address) 1707 Park ave

15 4-m 1828 C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-3- 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-28 1928 to 12-3 1928

that I last saw him alive on 12-3 1928

and that death occurred, on the date stated above, at 3.40 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

6 days (duration) 19 yrs. 12 mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1707 Park ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture.

(Signed) N. J. Bonelli C. B., M. D.

1928 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 5 1928

20 UNDERTAKER John O Mitchell

ADDRESS 1400 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39880

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-09 E 39880

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 6-10 ST. WARD)

2-FULL NAME Charles E. Richter

(a) RESIDENCE No. 18 N. Milton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara A Richter

6 DATE OF BIRTH (month, day, and year) Nov 21 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frank Richter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Ilfers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara A. Richter

(Address) 18 N. Milton Ave

15 Filed DEC 4 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17

I HEREBY CERTIFY, That I attended deceased from December 1, 19 28, to December 2, 19 28, that I last saw him alive on December 2, 19 28, and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Pyogenic meningitis

Pulmonary edema

(duration) yrs. mos 4-5 ds.

CONTRIBUTORY (Secondary) Acute frontal sinusitis, (duration) yrs. mos. about 20 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Geo. H. Gillett, M. D.

12/2, 1928 (Address) University Hospital

O.K. & confirmed Dr. Zeller

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Dec 5th 1928

20 UNDERTAKER Israel Sepker — ADDRESS 1600 W North Ave

CAUSE OF DEATH must be given in plain terms. Indefinite statements, such as "Heart Failure," "Paralysis," "Old Age," "Senility," "Exhaustion," "Convulsions," "Infection," "Septicemia," "Blood Poisoning," "Tumor," "Cancer," "Abscess," "Childbirth," "Accident," "Fracture," "Drowning," "Burns," "Hemorrhage," "Suicide," "Homicide," "Found Dead," "Unknown," are not sufficient. Indefinite or incomplete statements of cause of death will be returned for correction. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39881

CERTIFICATE OF DEATH.

179 E 39881

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur Hill

(a) RESIDENCE NO. 308 E. Hamburg St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hill

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1898.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	29	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer Sharpe & Dohme

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John W. Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Burten

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. C. Hill

(Address) 308 E. Hamburg St.

Dec 4 1928 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second & Third degree burns of face, arms, body and legs. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis. (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Gilbert, M. D. (Coroner)

12/4/ 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Sharpe & Dohme. Pratt & Howard Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 12/5 1928

20 UNDERTAKER J. Fen McCulley ADDRESS 128-30 E Fayette

IF DEATH IS FROM NATURAL CAUSES, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39882

1-PLACE OF DEATH

City of BALTIMORE: (No. 3102 Royston Ave. St.) 27-43 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth L. Doyle

(a) Residence No. 3102 Royston Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5-a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rohdy Doyle

6-DATE OF BIRTH (month, day and year) May 12 1853

7-AGE. 75 yrs. 6 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS

10-NAME OF FATHER, Malver

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-(Informant) Mary Doyle

(Address) Royston E.

15-Dec 4- 1928 C. HARRISON JONES, M. D. (Address)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-2-1928

17- I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1928, to Dec. 2nd 1928.

That I last saw h[illegible] alive on Dec. 1st 1928.

and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Joseph H. Gross M. D.

, 19 (Address) 28 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stephens Cem. Bradshaw Md. DATE OF BURIAL: 12/5/28, 19

20-UNDERTAKER: Mary M. Winfield ADDRESS: 517 E 22 St.

In plain terms, so that it may be property examined. Read attentively the instructions on back of certificates.

Spec.—1-1921—MAT—1500 Blks.

E 39883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 39883

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1713 S. Light

CITY OF BALTIMORE: (No.) South Bell Hosp. ST. 13-54 (WARD)

2-FULL NAME Joseph Kaufman

(a) RESIDENCE NO. 808 Chamberlain ST., ... WARD ..

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances K. Kaufman

6 DATE OF BIRTH (month, day, and year): Jany. 1, 1853

7 AGE: Years 75; Months 11; Days 2; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Myer K. Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Schay

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Mrs. F. Kaufman

(Address) 808 Chamberlain Ave

15 Filed DEC 4 1928, 19.. HAMPSON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Dec 3, 1928, that I last saw h[illegible] alive on Dec 3, 1928, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Hypertrophied prostate

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H G Mueller M.D

19 (Address) 1713 S. Light, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem.

DATE OF BURIAL: 12/5/ 19..

20 UNDERTAKER: Harold Sondheim

ADDRESS: 1128 Eutaw Pl. Royal Arc

BEFORE signing be careful to supply ALL information required. Any false statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 39884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39884

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4013 Bellwood Ave. St. 27-43 Ward)

2-FULL NAME John W. Henderson

(a) RESIDENCE NO. 4013 Bellwood Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Henderson

6 DATE OF BIRTH (month, day, and year) Sept. 4, 1853,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Service

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chamber of Commerce

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER James T. Henderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester J. Adams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Fannie E. Henderson

(Address) 4013 Bellwood ave.

HAMPSON JONES, M. D.

Registrar

4 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1927, to Dec 3, 1928,

that I last saw h[illegible] alive on Dec 2, 1928,

and that death occurred, on the date stated above, at 3.30A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Cushing, M. D.

Dec 4, 1928 (Address) 3100 Fairfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BERIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Cemetery Dec. 5 1928

20 UNDERTAKER ADDRESS

Wm. C. Black 927 N. Broadway

Of DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39885

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1615 Cypress St. 25-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Witkowska

(a) Residence No. 1615 Cypress St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of M. Witkowski

6-DATE OF BIRTH (month, day and year) Not known

7-AGE, 58 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER Wlad. Swierzko

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) M. Witkowski

(Address) 1615 Cypress

15- Filed 4 1928 C. HAMPSON JONES, M. D. Registrar. By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 2 1928

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1928 to Dec 2 1928

That I last saw her alive on Dec 1 1928

and that death occurred, on the date stated above, at 12:00 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza (?)

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

12/4/28 19 (Address) 1631 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL 12/6 1928

UNDERTAKER William Fiaczkowski — ADDRESS 1618 Eastern

In preparing, follow instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39886 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39886

CERTIFICATE OF DEATH. 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Bouldin St. 36-2 WARD)

2-FULL NAME Anna A. Wachter

(a) RESIDENCE NO. Fayhill Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wachter

6 DATE OF BIRTH (month, day, and year) Sept 4 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Robert J Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary J Worsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Wm H Wilkinson 1630 Chilton St

15 Filed Dec 4 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to Dec 4 1928, that I last saw h alive on Dec 4 1928, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fayhill Md

Did an operation precede death? No Date of

Was there an autopsy? No Physician's Office

What test confirmed diagnosis?

(Signed) Robert L. Hamm M. D.

Dec 4, 1928 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem | DATE OF BURIAL Dec 7 1928

20 UNDERTAKER Roy W Barbour Jr ADDRESS Parkton Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39887

1-PLACE OF DEATH White's Hospital

CITY OF BALTIMORE: (No.) 1029 Madison Ave ST. 11-24 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Fuller

(a) RESIDENCE NO. Paridice Ave Catonsville Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Fuller.

6 DATE OF BIRTH (month, day, and year): 1903

7 AGE: Years 25 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D.C

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown Slaughter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D.C.

14 Informant: Joseph Fuller (Address): Paridice Ave.

15 Filed 1928 C. HAMPSON JONES, M. D., Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, am 28, 19, to Dec. 3, pm 28, 19, that I last saw her alive on Dec. 3, 19 28, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Shock, following postpartum hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Dystocia- Contracted Pelvis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of Dec. 2, 1928

Was there an autopsy? Delivery by version

What test confirmed diagnosis?

(Signed) Thos J Woolridge Jr. M. D.

11/, 19 (Address) 20 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: 12/5 28

20 UNDERTAKER: James Walmsley ADDRESS 513 Dallas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 39888

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2204 Oak ST. 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lois E. Smith

(a) RESIDENCE NO. 2204 Oak ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9 1927

7 AGE: Years 1 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Beatrice Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Beatrice Smith

(Address) 2204 Oak St.

15 Filed 4 1928, 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1928

17 I HEREBY CERTIFY, that I attended deceased from Dec 1st, 1928, to Dec 2nd, 1928, that I last saw h[illegible] alive on Dec 2nd, 1928 and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) — yrs. — mos. 1½ ds.

CONTRIBUTORY (Secondary) General Apparent Co

(duration) — yrs. — mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible] M. D.

19 (Address) 426 E 25th St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 12/5 1928

UNDERTAKER: Edward L Hensley

ADDRESS: 613 Edmondson

Important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39889

CERTIFICATE OF DEATH

38 E 39889

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Sabins

(a) RESIDENCE NO. 1416 Bell St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Thos Sabins

6 DATE OF BIRTH (month, day, and year): — — 1858

7 AGE: Years 70 Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Jos Bitterman

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Goring

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mrs Catherine Sabins

(Address) 1416 Bell St

15 Filed 4-5 1928 C. HAMPSON JONES, M. D. Registrar.

Per ACC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3/28

17 I HEREBY CERTIFY, That I attended deceased from 11/27/28, 19..., to 12/3/28, 19..., that I last saw h.r alive on 12/3/28, 19..., and that death occurred, on the date stated above, at 12 o a.m. m.

The CAUSE OF DEATH* was as follows:

Cardiovascular Disease

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F S Windsor M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlawn Cem Date of Burial 12/5 19 28

UNDERTAKER: J. F. Fahey & Sons ADDRESS 1318 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39890

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 755 Edgewood ST. 16-67 (WARD)

2—FULL NAME Susan E Corlett

(a) RESIDENCE NO. 755 Edgewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Corlett

6 DATE OF BIRTH (month, day, and year) May 21, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truckman

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Yates Md

PARENTS

10 NAME OF FATHER Fulton C Corlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sylvia E Corlett

(Address) 755 Edgewood St

15 Filed 4-4 1928 C. Hampson Jones M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 3, 1928, that I last saw him alive on Dec 2, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Uremia Coma

Duration yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis - arteriosclerosis - High blood pressure (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W S Tibbitt, M. D.

12/4/28, 19 (Address) 2220 Harmonia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 5 1928
20 UNDERTAKER	ADDRESS
Wm Cook	St Paul & Preston

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

(Gross)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39891

CERTIFICATE OF DEATH

90

E 39891

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 W 33rd ST. (WARD) 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Cuse

(a) RESIDENCE NO. 506 W. 33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Calvert

6 DATE OF BIRTH (month, day, and year) June 9 1835 Dec 2 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Benjamin Heyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fanny E. M. Cuse

(Address) 506 W 33rd St

15 Filed 19 Per C. HAMPSON JONES, M. D. Registrar

1 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Dec 2, 1928

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. J. Davies, M. D.

12-3, 1928 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jerusalem M. E. Church	Dec 5 1928
20 UNDERTAKER	ADDRESS
Wm Cole	502 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

E 39892

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 39892

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Hauck

(a) RESIDENCE NO. 20 (Usual place of abode) 17 Guilford ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin F Hauck

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE: 30 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jos Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not given

12 MAIDEN NAME OF MOTHER: Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not given

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed 4-[illegible]-1928, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3/28

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to 12/3, 1928,

that I last saw her alive on 12-3-28

and that death occurred, on the date stated above, at 5 30 P. M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Encephalitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) H. H. Hook M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 12/ 19 28

20 UNDERTAKER: H. H. Hook

ADDRESS: 500 E. Lexington

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 9 WARD)

REGISTERED NO. 188-203 E 39893

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Elbert Tate

(a) RESIDENCE NO. Princeton West Va ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maud E. Tate

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER S. E. Tate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Maud E. Tate

(Address) Princeton W. Va

15 Filed 5 - 1928 C. HAMILTON JONES, M. D. Registrar

By Holly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1928 to Dec 6 1928.

that I last saw him alive on Dec 5 1928

and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Multiple Brain Abscesses

Which followed Osteomyelitis

Rt Mandible

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Osteomyelitis Rt Mandible (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? Princeton W. Va.

Did an operation precede death? yes Date of Nov 20/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) John Mace Jr. M. D.

(Address) Princeton W. Va.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Field W Va

DATE OF BURIAL Dec 19 28

20 UNDERTAKER G. H. Tate

ADDRESS Bluefield W Va

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39894

35

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 6-9 (WARD)

2—FULL NAME Alberta Ross

(a) RESIDENCE NO. 1731 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	C C	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Robt. Ross

11 BIRTHPLACE OF FATHER (city or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Lizzy Ross

13 BIRTHPLACE OF MOTHER (rity or town) N. C.

(State or country)

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed 5 1928 19 [redacted] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4/28

17 I HEREBY CERTIFY, That I attended deceased from 10/18 . 19 28 . to 12/1/ . 19 28 .

that I last saw h alive on 12/1 . 19 28

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs 12/4/28

Months T.B.C.

2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Local

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [redacted] M. D.

BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery

DATE OF BURIAL Dec. 5 1928

20 UNDERTAKER Chas. H. Johnson

ADDRESS 1116 N. Caroline St.

Spec.—I-12-23—M&T—500 Blks.

E 39895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 39895
REGISTERED NO.

1-PLACE OF DEATH West Balto Genl Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto Md. ST. 11-24 WARD)

2-FULL NAME Mrs. Mary Bishop

(a) RESIDENCE NO. Cor. Danville & Pitcairn ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 13 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Bishop

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	74	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Klotz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna M. Becker
(Address) 722 Lemmon St.

15 Filed DEC 5 1928, 19 H. H. JONES, M. D. Registrar
By Kelly

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/2, 1928 to 12/3, 1928.

that I last saw her alive on Dec. 3, 1928

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(Cardiac Decompensation)

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic congest. of Lungs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? many years ago

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Benj. Blackburn M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Dec 5 1928

20 UNDERTAKER Wm. Tucker & Sons

ADDRESS North & Pa

C 5 1928

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39896

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

181-001 E 39896

REGISTERED NO.

City of BALTIMORE: (No. 500 W. Mulberry St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Stewart

(a) RESIDENCE NO. 1848 W. Baltimore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31, 1871.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	57	4 ~~5~~	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER William Stewart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Emma C. Well.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Phila. Pa.

14 Informant Mrs. E. Stewart

(Address) 1848 W. Baltimore St.

Filed 5 1928 C. Hincman Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CO Poisoning.
Illuminating gas. Open gas jet.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feltz M. D.
(Coroner)

12/4 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Dec 5 1928

20 UNDERTAKER Bernard G Finch ADDRESS 1484 W Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39897 — CERTIFICATE OF DEATH — 101-001 — E 39897

1—PLACE OF DEATH Union Memorial Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd & Calvert ST.) 11-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arthur B. Davis

(a) RESIDENCE NO. 712 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager of a

(b) General nature of industry, business, or establishment in whirh employed (or employer) Screw Machine Wks.

(c) Name of employer David & Hemphill

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Arthur B. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Hospital records

(Address)

15 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1928, to Dec. 4, 1928

that I last saw him alive on Dec. 4, 1928

and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore City

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Francis W Hesse M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grace Pt. Cemetery Elkridge Md	Dec 6th 19 28
20 UNDERTAKER Henry H Watkins Sons Co	ADDRESS McCulloh & Madison Sts.

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39898

CERTIFICATE OF DEATH

100-901 ✓

E 39898

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 W. North ave ST. 14-70 WARD)

2—FULL NAME Mark Rubin

(a) RESIDENCE NO. 725 W. North ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Rubin

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE — Years: 54 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Retired 038

(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry

(c) Name of employer: Merchant

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Rubin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rebecca Rubin

(Address): 725 W. North ave

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/3/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 4 . 1928 . to Dec 1 . 1928 .

that I last saw him alive on Dec 1 . 1928

and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mns. 4 ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an nperatinn precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein M. D.

12/3 . 1928 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrem Freindship Cem

DATE OF BURIAL: 12/5 1928

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E. Balto St

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39899

CERTIFICATE OF DEATH.

90 ✓

E 39899

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shifra Krause

(a) RESIDENCE NO. 2111 E. Pratt St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fishel Krause

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	03			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 37

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Insufficiency

("Acute Indigestion")

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature], M. D. (Coroner)

12/4/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 12/5 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

DEC 5 1928 H. M. JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39900

CERTIFICATE OF DEATH

114 E 39900

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3401 Glenn ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Lee Wilson

(a) RESIDENCE NO. 3401 Glenn ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 28 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm J Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha Seiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm J Wilson

(Address) 3401 Glenn ave

15 Filed DEC 5 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 28

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1928, to Dec. 4, 1928,

that I last saw h alive on Dec. 3, 1928

and that death occurred, on the date stated above, at 5 4: m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) James S. Adelmost M. D.

12-4-1928 (Address) 4011 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Dec 5 1928

20 UNDERTAKER H M Rountree

ADDRESS 423 N Fulton

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39901

CERTIFICATE OF DEATH

90 E 39901

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [illegible] ST., 76-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Eisemen

(a) RESIDENCE NO. not given ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	wid

6a If married, widowed, or divorced BUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rachual

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] INEZ C. JONES, M. D. Registrar

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated in DETAIL. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to 12-3, 1928, that I last saw him alive on 12-3, 1928, and that death occurred, on the date stated above, at 10:00 A m.

The CAUSE OF DEATH* was as follows.

Myocardial Insufficiency

(duration) yrs. mos. d

CONTRIBUTORY (Secondary) Hypertension, Arteriosclerosis, Chr Myocarditis (duration) 2 yrs 6 mos. ds.

18 Where was disease contrarted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Slack M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL Dec 5 1928

UNDERTAKER [illegible]

ADDRESS 22 [illegible]

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39902
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 39902
REGISTERED NO.

City of BALTIMORE: (No. 2529 Ridgely St. St. 25-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Bowie

(a) RESIDENCE NO. Mt Winans Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Bowie

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Laurel

(State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Katie B Johnson

(Address) 1039 W. Fayette St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/1/28

17 I HEREBY CERTIFY, That I attended deceased from 8/3, 1927, to 12/1, 1928, that I last saw h[illegible] alive on 12/1/28, 19..., and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Ernest C. Miller, M. D.

, 19 (Address) 2027 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Dec. 5 1928

20 UNDERTAKER Mrs Katie R. Williams ADDRESS 327 N Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39903

CERTIFICATE OF DEATH.

129 ✓ E 39903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Schroeder St. 18-26 WARD)

2-FULL NAME Rose Doggett

(a) RESIDENCE NO. 104 N. Schroeder ST., 7 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: James Doggett

6 DATE OF BIRTH (month, day, and year): April 8, 1887

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
44	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer): House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lancaster, Pa

PARENTS

10 NAME OF FATHER: Isaac Mondague

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lancas Co, Pa.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lancas Co, Pa.

14 Informant (Address): Julia Gross 104 N. Schroeder St

15 Filed ..... 19 ..... Registrar

DEC 6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12 3 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/17, 1928, to 12/3, 1928, that I last saw her alive on 12/3, 1928, and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation, Pulmonary Hypostasis

(duration) yrs. mos 3 ds

CONTRIBUTORY (Secondary) Chr Parenchymatous Nephritis (duration) yrs. 2 mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & History

(Signed) W. H. Fisher M. D.

19 (Address) 729 Harrison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Dec. 6 19 28

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 327 N. Schroeder St

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks. Bertha Robins Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39904

CERTIFICATE OF DEATH

109-002

E 39904

1—PLACE OF DEATH Lyndenhurst Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 15-21 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Robins Harris

(a) RESIDENCE NO. 1811 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Harris

6 DATE OF BIRTH (month, day, and year) March 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	36	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Francis Robins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Toles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) White Stone Va.

14 Informant Wm Harris

(Address) 1811 N. Mount st.

15 Filed DEC 5 1928 H. [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 3, 1928, that I last saw h.... alive on Dec 3, 1928 and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Stc. Stomatis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H Bachman, M. D.

, 19 (Address) Lyndenhurst Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Stone Va — DATE OF BURIAL Dec. 5 1928

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1705 Ashland

Cor.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39905

CERTIFICATE OF DEATH.

129

E 39905

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 811 Hanover St. St. 27-31 Ward)

2-FULL NAME Thomas L. Findell. (C)

(a) RESIDENCE NO. 811 Hanover St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or WIFE of) ~~deceased~~ Annie Findell. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Sarah Findell (C) daughter in law

(Address) 811 Hanover St.

15 Filed DEC 5 1928 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 3, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

12/4, 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery cem Dec 5 Date of Burial 19 28

20 UNDERTAKER Lottie Gross ADDRESS 1405 McElderry

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39906

CERTIFICATE OF DEATH

90 E 39906

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 Aisquith ST. 5-8 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George N. Sheppard

(a) RESIDENCE NO. 133 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death ocrurred 53 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Wm H. Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Caroline Lenbecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

11 Informant Mrs. Wm Kettel

(Address) 633 Register ave

15 Filed DEC 5 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1928, to Dec. 3, 1928.

that I last saw him alive on Dec. 3, 1928

and that death ocrurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease rontrarted if not at plare of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green M. D.

12-5, 1928 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suiridal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetary	Dec 6 1928
20 UNDERTAKER	ADDRESS
George W. Zinkler	1737 E. Eager st

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 39907

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3308 Ellerslie Av (ST.) 9-47 (WARD)

2-FULL NAME George Clayton Alexander

(a) RESIDENCE No. 3308 Ellerslie Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs 1 mos 8 ds. How long in U. S., if of foreign birth? 48 yrs 5 mos 11 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Erna L. Alexander

6 DATE OF BIRTH (month, day, and year): About June 23 1880

7 AGE — Years: About 48 — Months: 5 — Days: 11 — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commander of the [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Coast Guard

(c) Name of employer: U. S. Government

9 BIRTHPLACE (city or town) (State or country): Timbersville Ohio

PARENTS

10 NAME OF FATHER: Theo. Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Ohio

12 MAIDEN NAME OF MOTHER: Rebecca ???

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Ohio

14

Informant: Mrs Etta Stayer (sister-in-law)

(Address) 3308 Ellerslie Av

Filed DEC 5 - 1928 [illegible] JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Dec 4, 1928, that I last saw h/m alive on Dec 4, 1928 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
Cardiac Hypertrophy
Acute pneumonia
Mitral & aortic Insufficiency

(duration) 2 yrs from Knowledge mos

CONTRIBUTORY (Secondary): Tobacco habit

(duration) 20 yrs. or more mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & examination Blood test, Urinalysis

(Signed)

, 19 (Address) 121 Cager St Baltimore, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 6 1928

20 UNDERTAKER: Stewart & Company — ADDRESS: Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39908

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2020 Brookfield Av ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah McCaffrey Brenaman

(a) RESIDENCE No. 2020 Brookfield Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs 9 mos 28 ds. How long in U. S., if of foreign birth? 88 yrs 9 mos 28 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H Brenaman

6 DATE OF BIRTH (month, day, and year): Febry 5/1840

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
88	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none old

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland.

12 MAIDEN NAME OF MOTHER: Julia Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland.

14 Informant: Mrs Emma F Johnson (daughter)

(Address): 2020 Brookfield Av.

15 Filed DEC 5 - 1928 HAROLD JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1928, to Dec 3rd, 1928, that I last saw h[illegible] alive on Dec 3rd, 1928 and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs 1 mos 2 ds.

CONTRIBUTORY (Secondary): Acute pulmonary Edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert Mitchell, M. D.

12-4, 1928 (Address) 1117 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 6 1928.

20 UNDERTAKER: Stewart & Co — ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

220332 E 39909 — CERTIFICATE OF DEATH — x 49 E 39909

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vernon Hughes

(a) RESIDENCE NO. Havre de Grace ST., Md. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Stevenson Hughes

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Friends —
(Address)

15 Filed DEC 5 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 4, 1928,

(that I last saw him alive on Dec 4, 1928

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble, M. D.

Dec. 5, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Rock Run Cem — Dec. 7, 1928

20 UNDERTAKER — ADDRESS

H. S. Bailey — Darlington, Md.

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39910

CERTIFICATE OF DEATH.

58-001

E 39910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirkleigh Villa Roland Ave., & University Parkway ST. 21-53 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Berkeley

(a) RESIDENCE NO. Kirkleigh Villa ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Berkeley

6 DATE OF BIRTH (month, day, and year) June 4, 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
72	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Daniel Whalan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Whitty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Records; Kirkleigh Villa Roland Park.

15 Filed DEC 5 1928 [illegible] HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 4 - 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Dec 4, 1928, that I last saw h[illegible] alive on Dec 3, 1928, and that death occurred, on the date stated above, at 4. a. m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary) Exhaustion Diarrhea (duration) yrs mos 2 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination & Laboratory Test.

(Signed) J. A. Whalan, M. D.

12/4 1928 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec. 6 1928

20 UNDERTAKER: Chas. F. Evans & Son — ADDRESS: Mt. Royal Av.

CAUSE OF DEATH to plain terms, so that it may be properly
TION is very important See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39911

39911

CERTIFICATE OF DEATH.

21

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 Pennington St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Martin

(a) Residence No. 3300 Pennington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nola Martin

6-DATE OF BIRTH (month, day and year) March 10-1877

7-AGE. 51 yrs. 8 mos. 27 ds.

If LESS than 1 day ... hrs. or ... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Pennsylvania

PARENTS

10-NAME OF FATHER. Wesley Martin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Co. Md

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md

14- (Informant) Mrs. Nola Martin

(Address) 3300 Pennington Ave.

DEC 5 - 1928 Filed ..... 192 ..... HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 4-1928

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 4 1928

that I last saw h— alive on Dec 4 1928

and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas (Facial)

(Duration) ... yrs. (mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis (Septic)

(Duration) ... yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sam D. Horka M. D.

12/4 1928 (Address) 4700 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Calvary Cem. DATE OF BURIAL. Dec 6 1928

20-UNDERTAKER. Wm. J. G. Locke ADDRESS 1302 Jefferson St.

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 39912

E 39912 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roberta Sills (Bertie Seals)

(a) RESIDENCE NO. 1340 N. Mount st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matthew Sills

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Zebe Macklin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: N. Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Hospital Records

(Address)

15 Filed DEC 3-1928 19 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 19 28, to Dec. 3, 19 28, that I last saw her alive on Dec. 3, 19 28, and that death occurred, on the date stated above, at 5.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab & Clin. (autopsy)

(Signed) Henry L. Smith, M. D.

12-3, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portsmouth. Va. DATE OF BURIAL: 12 5 19 28

20 UNDERTAKER: Clarence C. Wright ADDRESS: 1364 N. Carey st

For E. M. Skinner

CHECK OF [illegible] TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39913

CERTIFICATE OF DEATH.

14-201 E 39913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Du Bretton

(a) RESIDENCE NO. Preston & Valley ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Hippolyte Du Bretton

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Ely Corsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

Filed DEC 5 1928

H. E. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 19 28 to Dec 4 19 28, that I last saw him alive on Dec 2 19 28, and that death occurred, on the date stated above, at 4.30 Pm

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Dec 4, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem. DATE OF BURIAL Dec 6th 1928

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39914 — 1—PLACE OF DEATH

× 101-001 L

E 39914 — REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospl St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harold E. Drummond

(a) RESIDENCE NO. 427 Asquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 13—28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) bld

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pokomoke City Md

PARENTS

10 NAME OF FATHER R. S. Drummond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Englas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant R. S. Drummond
(Address) 427 Asquith St

15 Filed DEC 5 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928, to Dec 4, 1928, that I last saw h/ alive on Dec 3, 1928 and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (double)

(duration) yrs mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B Hamm M. D.

12/4, 1928 (Address) Providence Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem — DATE OF BURIAL: 12-6 1928

20 UNDERTAKER: Byron Wright — ADDRESS: 1218 McElderry St

DEC 5 1928

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 39915

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 4-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgie Becraft

(a) RESIDENCE NO. 204 N. Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Good

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records

(Address)

15 Filed 5 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5-28

17 I HEREBY CERTIFY, That I attended deceased from 12-11 .19 13 to 12-5 .19 28

that I last saw her alive on 12-5 .19 28

and that death occurred, on the date stated above, at 5-45 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Lues; Chr. Bronchitis (duration) ? yrs. mos. ds.

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Path

(Signed) P. M. Finch M. D.

.19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 12/6/28

20 UNDERTAKER Joseph Ahrens ADDRESS 221 Bway

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39916

CERTIFICATE OF DEATH.

90 E 39916

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 723 Wayson Alley St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Johnson

(a) RESIDENCE NO. 723 Wayson Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Police Records

(Address)

C. HAMPSON JONES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio Vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) J. C. Connor M. D.

(Coroner)

11/28/28 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

DEC 5 - 1928

DEC 5 - 1928 Per THE MORGUE.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39917 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39917

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for W men & Maryland REGISTERED NO. 118

CITY OF BALTIMORE: (No.) ST. 15 WARD 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Curtis, Jr.

(a) RESIDENCE No. Poplar Court Apts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ODD

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Franklin Curtis

11 BIRTHPLACE OF FATHER (city or town) East Orange (State or country) N. J.

12 MAIDEN NAME OF MOTHER Gladys Powell.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6/28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 5, 1928, that I last saw h/m alive on Dec 5, 1928, and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Diaphragmatic hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Francis D. Lantz Jr, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Franklin Curtis (Address) Poplar Court Apts 2920

15 C. HAMPSON GOSS, M. D. Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec 6 1928

20 UNDERTAKER Thos White Sons

ADDRESS Eutaw Place

Per AKH

5 - 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39918

CERTIFICATE OF DEATH.

E 39918

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3704 Cottage Ave St. (Ward) 5th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Hummelfarb.

(a) RESIDENCE NO. 3704 Cottage St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): July 17 - 1911

7 AGE: Years 17 Months 4 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balt Md

PARENTS

10 NAME OF FATHER Isidore Himelfarb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Marian Lashuck

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balto St

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Acute Cardiac Dil

(duration) hrs. mos. 2 hrs

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) H. C. Grades M. D.

5/28, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Weller Rosedale Date of Burial 5/6 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5 - 1928

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39919

CERTIFICATE OF DEATH.

101-001

E 39919

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 239 Ann St 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaw Kienozek

(a) RESIDENCE NO. 23 S Ann St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or WIFE of: Mattie Kienozek

6 DATE OF BIRTH (month, day, and year): May 1889

7 AGE: Years 39 | Months 6 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Frank Kienozek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Lenk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Kate Kienozek

(Address) 23 S Ann St

Filed 12-7 1928 C. Hamilton Jones, M. D. Registrar

Per Klee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/1 1928, to 12/4, 1928, that I last saw him alive on 12/4, 1928, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N V Date of

Was there an autopsy? N V

What test confirmed diagnosis? Signs & symptoms

(Signed) H D Onufrey, M. D.

, 19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Dec 7 1928

20 UNDERTAKER: F W Ozazewski ADDRESS 1930 Eastern Ave

DEC 6 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39920 HEALTH DEPARTMENT—CITY OF BALTIMORE

#39918

CERTIFICATE OF DEATH. × 117 E 39920

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. General Hospital ST. 11-24 WARD)

2-FULL NAME James M. Gardner

(a) RESIDENCE NO. Owings Mills, Md ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. James M. Gardner

6 DATE OF BIRTH (month, day, and year) Jan 13, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

PARENTS

10 NAME OF FATHER Basil Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Rachel J. Price.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co, Md.

14 Informant Hospital Records (Address)

15 Filed 12-5 1928 C. HAMPSON JONES, M. D. Registrar

Per RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5-1928.

17

I HEREBY CERTIFY, That I attended deceased from 11-19-28. to 12-5-28.

that I last saw him alive on 12-5-28.

and that death occurred, on the date stated above, at 7:30 p m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) — yrs. — mos 16 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis.

(duration) — yrs — mos. 17 ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? Yes Date of 11-19-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) Robert W. Kennedy M. D.

12-5-1928 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Dec 8 1928

20 UNDERTAKER J. F. Elmo ADDRESS Reisterstown Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39921

CERTIFICATE OF DEATH

31

REGISTERED NO. E 39921

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Archer ST. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mamie Wrenn

(a) RESIDENCE NO. 509 Archer ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 30 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Robt Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Kate Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jno Powell

(Address): 509 Archer St

15 Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 28, to Dec 7 28,

that I last saw h alive on Dec 7 28

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T.B.

(Signed) H Norwood M. D.

Dec 8 28 (Address) 937 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: W. Lee Brown and Son

ADDRESS: 1631 W. Monroe

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 39922

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. Montgomery ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie D Laine

(a) RESIDENCE No. 610 W Montgomery ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Burrell Laine

6 DATE OF BIRTH (month, day, and year): Sept 14 1892

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Days Work

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: John Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Lannie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Co Virginia

14 Informant: Burrell Laine

(Address) 1436 E Fayette

15 Filed 1928 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/30 1928 to 12/4 1928 that I last saw her alive on 12/2 1928 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) — yrs. — mos 21 ds.

CONTRIBUTORY (Secondary): Chr alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E Lee Trinkle M. D.

12/4 1928 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct — DATE OF BURIAL: Dec. 6 1928

20 UNDERTAKER: S. S. Brown & Son — ADDRESS: York, Penna

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 39923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 39923 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1168 (St.) Sargeant (Ward) 21-24

2-FULL NAME Mr. John. W. Lemmon,

(a) RESIDENCE No. 1168 Sargeant ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel C. Lemmon

6 DATE OF BIRTH (month, day, and year) March 12 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B. O. R. Road

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER William Lemmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Annie Kimmick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Mrs Mabel C. Lemmon

(Address) 1168 Sargeant

15 Filed DEC 6 - 1928, 19

C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 " 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Dec. 4" 1928.

That I last saw him alive on Dec. 3" 1928.

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary & pharyngeal tuberculosis

(duration) 1 yrs 7 mos ds.

CONTRIBUTORY (Secondary) +

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Tubercle Bac. in sputum

(Signed) O. H. Hoffman, M. D.

12/5, 1928 (Address) 2500 Garrison Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2073 Ba...

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Mc Gee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39924

CERTIFICATE OF DEATH.

45

E 39924

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 W. Franklin St. ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME T. Harry Mc Gee

(a) RESIDENCE NO. 1913 W. Franklin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada P. Mc Gee (Warner)

6 DATE OF BIRTH (month, day, and year) Feb 7" 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Peoples Court

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Thomas B. Mc Gee

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs Ada P. Mc Gee.

(Address) 1913 W Franklin St

15 Filed DEC 6 1928 C. Ha... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1927 to Dec 4 1928.

that I last saw alive on Dec 3. 1928

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of Sept 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Mc Fribunger M. D.

Dec 5. 1928 (Address) 682 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Dec 7" 1928.

20 UNDERTAKER John J. Govan & Son ADDRESS 901 Hollins St.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39925

CERTIFICATE OF DEATH

90 E 39925

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1203 Maryland Ave ST., 4th E. (WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Robert N. Bundy

(a) RESIDENCE NO. 1203 Maryland Ave STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Bundy

6 DATE OF BIRTH (month, day, and year): Jan 19 1860

7 AGE: Years 68 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipsodist do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co. (State or country) Va.

PARENTS

10 NAME OF FATHER: Robert W. Bundy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Annie Bundy

(Address) 1203 Maryland Ave

15 Filed DEC 6 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 3. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Dec 3, 1928, that I last saw him alive on Dec 2, 1928 and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry A. McCarty, M. D.

Dec 5. 1928 (Address) 37 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamel Cemetery — DATE OF BURIAL: 12-6-28

20 UNDERTAKER: D. Mrs. R. G. Elliott — ADDRESS: 1225 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 31 ✓ E 39926

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead 1326 E. Lexington St.

City of BALTIMORE: (No. ~~Johns Hopkins Hospital~~ St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thonton

(a) RESIDENCE NO. 1326 E. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Thonton

6 DATE OF BIRTH (month, day, and year) Mar 10/1886

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Daniel Thonton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Sally Marshall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Bettie Thonton

(Address) 1316 E. Lexington St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to h18 death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) ..... ds.

(Signed) J. S. McCullough M. D.

(Coroner)

12/1/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville Va Date of Burial 12-6-28

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1125 Eastlander

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39927

CERTIFICATE OF DEATH.

188-103

REGISTERED NO. E 39927

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital St. [illegible] Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jasper Cornish

(a) RESIDENCE NO. 407 New St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Cornish

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab—

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Jasper H Cornish

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Barnes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Annie Cornish

(Address) 407 New st

15 Filed....., 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Brooke M. D.
(Coroner)

12/4 1928 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial 12-6-28

20 UNDERTAKER Geo. R. A. Elliott ADDRESS 1725 Ashland Av

Use blue or black indelible ink. All should be carefully supplied. Avoid abbreviations. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39928

CERTIFICATE OF DEATH

129 E 39928

1-PLACE OF DEATH

REGISTERED NO. 13-52

City of BALTIMORE: (No. 1009 Rentzy Lane St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Rebecca Kershaw

(a) RESIDENCE NO. 1009 Rentzy Lane St. 13 Ward

(Usual place of abode) 43 yrs. 2 mos.

Length of residence in city or town where death occurred ~~2 yrs.~~ mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Shorty S. Kershaw

6 DATE OF BIRTH (month, day, and year): Sept. 7- 1873

7 AGE: Years 55 Months 2 Days 27 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Carroll Co Mus.

9 BIRTHPLACE (city or town): Baltimore

(State or country): ~~Baltimore~~

PARENTS

10 NAME OF FATHER: Noah Stonesdale

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Ella R. Stonesdale

13 BIRTHPLACE OF ~~MOTHER (city or town)~~:

(State or country): Carroll Co. Md.

14 Informant: Mrs. V. Erb

(Address): 1009 Rentzy Lane

15 Filed ____ 19 ____ C. HARRY JONES, Registrar

DEC 6 - 1928

Per Regt.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 4 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to Dec 4, 1928, that I last saw her alive on Dec 3, 1928, and that death occurred, on the data stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary): Interstitial Nephritis

Hypertension

(duration) 2 yrs. ____ mos. ____ da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Frank H. Linch, M. D.

19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — Date of Burial: Dec. 6- 1928.

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39929

CERTIFICATE OF DEATH

90

E 39929

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Falls Road ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amanda M. Eccard

(a) RESIDENCE NO. 4111 Falls Road ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen L. Eccard

6 DATE OF BIRTH (month, day, and year) March 29 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md

PARENTS

10 NAME OF FATHER Peter Schroyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hannah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Harry C. Mytter

(Address) 4111 Falls Road

15 Filed DEC 6 - 1928 [illegible] Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5-1928

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1924, to Dec. 5, 1928, that I last saw h.e alive on Dec. 5 1928 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. H. Hunter, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Mt. View Frederick, Md.	Dec. 8- 1928
20 UNDERTAKER Horace H. Burgee	ADDRESS 3631 Falls Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39930

CERTIFICATE OF DEATH

159-002

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3231 Tait ave ST., Ha-1 WARD)

2—FULL NAME. Matthew Wanger

(a) RESIDENCE NO. 3231 Tait ave ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. about 12 hours mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5th 1928

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Wanger

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emanatia Adelman

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant John Wanger Father
(Address) 3231 Tait ave

15 C. HAMPTON JONES, M. D.
Filed Dec 6 19 28
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1928

17 I HEREBY CERTIFY That I attended deceased from Dec 5, 1928, to Dec 6, 1928, that I last saw him alive on Dec 5, 1928, and that death occurred, on the date stated above, at 12 P.M. m.

The CAUSE OF DEATH* was as follows:

Open Pneumonia Ovala

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Fulton, M. D.

12th 6 19 28 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Dec. 6th 1928
20 UNDERTAKER Zilly & Zeilenga	ADDRESS 103 S. Wright St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 6 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39931

CERTIFICATE OF DEATH.

167-001 E 39931

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 17091/2 N. Patterson Park Ave 8 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. VonNordeck, Jr.

(a) RESIDENCE NO. 17091/2 N. Patt. Pk. Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May L. VonNordeck

6 DATE OF BIRTH (month, day, and year): June 24/1870

7 AGE — Years: 42 — Months: 5 — Days: 10 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hoseman No 42 Co

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: Balto. City Fire Dept.

9 BIRTHPLACE (city or town)

(State or country): Butte, Montana.

PARENTS

10 NAME OF FATHER: Frederick C. VonNor

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Glaser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Penna

14 Informant: Wife

(Address): 17091/2 N. Patterson Pk.

15 Filed DEC 6 - 1928 C. H[illegible] Registrar

By [signature]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Fas Aspxiation

(Suicide)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

12/.5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laudon Park Ave — Date of Burial: Dec 7 1928

20 UNDERTAKER: Leo S. Cook — ADDRESS: 172[illegible] Pat[illegible] Ave

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39932 90 E 39932

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 739 Dover ST., 21-24 WARD)

2—FULL NAME Virginia Ball

(a) RESIDENCE NO. 739 Dover ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) Of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) V. a

PARENTS

10 NAME OF FATHER Spencer Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. a

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant alverta williams

(Address) 1728 orleans st.

15 Filed DEC 3 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 5 1928, that I last saw h[illegible] alive on Dec 5 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease

Independent

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? N— Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Garland Churchill M. D.

Dec 7, 1928 (Address) 1334 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery — DATE OF BURIAL Dec 8, 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 E 39933

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 18-26 WARD)

2—FULL NAME Taylor Jones

(a) RESIDENCE NO. 1027 Wagon Alley ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the wurd)
M	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Octavia Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Sydenham Hosp. Records

(Address) [illegible]

15 Filed Per Registrar

DEC 6 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1928, to Dec. 4, 1928,

that I last saw him alive on Dec. 4, 1928

and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Nonna

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Course of disease

(Signed) H Kaufman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery — DATE OF BURIAL Dec 7, 1928

20 UNDERTAKER Mrs Katie R Williams — ADDRESS 322 N. Schroeder St

IMPORTANT: Answer should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39934

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S Broadway ST. 3rd WARD)

2-FULL NAME Mary Cohn

(a) RESIDENCE NO. 116 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? life mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry L. Cohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Tannis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jack Lewis

(Address) 1739 E Baltimore St

Filed DEC 6 - 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1928, to Dec 6, 1928, that I last saw her alive on Dec 5, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Aorta & mitral Regurg.
Myocardial degeneration
Cardiac decompensation

(duration) months yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) A. F Lewis M. D.

Dec 6, 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cemetery DATE OF BURIAL 12-6- 1928

20 UNDERTAKER Jack Lewis ADDRESS 1739 E Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39935

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00

E 39935

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 15-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4105 Barrington Rd ST., 15 WARD)

2—FULL NAME Louis Lerner

(a) RESIDENCE NO. 4105 Barrington Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): married

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: Etta Lerner

6 DATE OF BIRTH (month, day, and year): July 25-1872

7 AGE: Years 56; Months 4; Days 10; If LESS than 1 day, hrs. or min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Realtor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E Balt St

15 Filed Dec 6 1928 G. HAMILTON WOLLS, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to Dec 5th, 1928, that I last saw h[illegible] alive on Dec 5, 1928, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Edema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Gichner, M. D.

Dec 5-28 (Address) 2201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 12/6 19 28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Hospital (ST.) 28-63 (WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Lula Carroll

(a) RESIDENCE No. Mt Hope Retreat ST., WARD Augusta Geo.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec. 2, 1867

7 AGE: Years 61 | Months | Days 3 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: Robt A Carrol

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Massachusetts

14 Informant: Mrs Lyle Rehrig. (Address) Bucks. Md.

15 Filed DEC 6 - 1928 C. HARRISON JONES, M. D., Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/5/28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to Dec 5, 1928

that I last saw h alive on Dec 5, 1928,

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 11 yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Damon P. Allegra M. D.

, 19 (Address) 3326 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Augusta Ga. DATE OF BURIAL: Dec 6 1928

20 UNDERTAKER: Stewart & Monroe ADDRESS: Bucks.

IMPORTANT—Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39937

CERTIFICATE OF DEATH.

100 001

E 39937

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E. Randall ST., 7-3-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsworth M. Diggs

(a) RESIDENCE No. 22 E. Randall ST., 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	1	X	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James L. Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Gertrude Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Gertrude Johnson

(Address) 22 E. Randall St.

Filed DEC 6 - 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1928, to Dec 4, 1928

that I last saw h[illegible] alive on Dec 4, 1928

and that death occurred, on the date stated above, at 4:10 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. R. L. Crumpton M.D.

12/4, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec 6 1928

20 UNDERTAKER Fred A. Richards

ADDRESS 703 Hanover

THION is very important See instructions on back of certificates. Exact statement of occupa-

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39938 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Oldham's

City of BALTIMORE: (No. 706 Division St. Ward)

Registered No. 159 E 39938

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Betty Griffith

(a) Residence No. Oldham's 706 Division St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): Mar 1 1923

7-AGE: ....yrs. mos. 15 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo L Griffith

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Penna

12-MAIDEN NAME OF MOTHER: Virginia Hoffman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): West Virginia

14- (Informant) Geo L Griffith
(Address) 706 S Oldham St

15- Filed ..... 192 C. HAMILTON JONES, M. D. Registrar.
Per Kelly.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 12/5/28

17- I HEREBY CERTIFY, That I attended deceased from 11/27, 1928 to 12/5, 1928.

That I last saw h[illegible] alive on 12/4 1928

and that death occurred, on the date stated above, at 9 Am

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia ?

(Duration) ....yrs. mos. ds.

CONTRIBUTORY (Secondary) Has had spells of vomiting for about 2 weeks

(Duration) ....yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) M Greenberg M D

12/5, 1928 (Address) 46 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mount Olivet	Dec 8 1928
20-UNDERTAKER	ADDRESS
Geo L Smith	1531 Baltimore St

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39939

CERTIFICATE OF DEATH.

160

REGISTERED E 39939

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 110 White oak Grove (Ward) 27-56

2-FULL NAME George E. Hawkins

(a) RESIDENCE NO. 110 White oak Grove Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 14 (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20 1928

7 AGE	Years	Months	Days 14	IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Jessie Hawkins

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Bernice Brann

13 BIRTHPLACE OF MOTHER (city or town) Balto. Maryland.

(State or country)

14 Informant Jessie Hawkins

(Address) 110 White Grove

15 Filed DEC 3 1928 C. HAMDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Int Pickets

(Duration) Hrs. Min.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) Hrs. Min.

Dec 6 (Signed) G E Hawkins M. D.

2. 19 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial 12-6-1928

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1215 Eastlundon

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 39940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 39940

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Kate A Bennett

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should state AGE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15, 1871

7 AGE — Years: 57 Months: 3 Days: 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Bannough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rosie Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston + Valley

15 Filed DEC 3 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1928, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warren, M. D.

Dec 5, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 1, 1928

20 UNDERTAKER: Bela Wiedefeld — ADDRESS: 914 Fremont Ave

Cor.—12-9-25—A Co.—200 Bks.

E 39941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 ✓

E 39941

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5504 Stonington Ave. 25-24 Ward)

2-FULL NAME Herbert N. Gilpatrick

(a) RESIDENCE NO. 5304 Stonington Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie L.

6 DATE OF BIRTH (month, day, and year): May 9-1869

7 AGE: Years 59 Months 6 Days 26 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Boston

(State or country): Mass

10 NAME OF FATHER: Norton Gilpatrick

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maine

12 MAIDEN NAME OF MOTHER: Catherine Lawrence

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): N.H.

PARENTS

14 Informant: Addie L. Gilpatrick

(Address): 5304 Stonington Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One hrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Linck M. D.

(Coroner)

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Date of Burial: Dec 5 1928

20 UNDERTAKER: Harry W. Ehlen ADDRESS: 1645 Mondawmin

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 6-1928

Spec.—1-10-21—M&T—1500 Bks.

✓ E 39942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39942

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gn. Hospital (ST.) (WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Engel

(a) RESIDENCE NO. 913 Edmondson Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Feb 3, 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Ernst Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dora Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Records

15 Filed 12 6 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 6. 1928

17

I HEREBY CERTIFY, That I attended deceased from 11. 17. 1928. to 12. 6. 1928.

that I last saw h~~e~~r alive on 12. 6. 1928.

and that death occurred, on the date stated above, at 10:08 A.M.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardio vascular renal disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. J. Stonebraker M. D.

12/6. 1928 (Address) So. Balto. Gn. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Naval Cemetery Emp. Rd

DATE OF BURIAL: Dec 6 1928

20 UNDERTAKER: B L Hopkins

ADDRESS: Emp. Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39943

CERTIFICATE OF DEATH.

90 V

REGISTERED NO. E 39943

1-PLACE OF DEATH

City of BALTIMORE: (No. 1148 Argyle St., 12-24 Ward)

2-FULL NAME Samuel Fennell

(a) RESIDENCE NO. 1148 Argyle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years 60 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

10 NAME OF FATHER Joe Fennell

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

PARENTS

14 Informant Annie Stevens

(Address) 5 N Howard St

Filed DEC 6 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) one mos. ds.

CONTRIBUTORY (Secondary) Nil

(duration) yrs. mos. ds.

I saw deceased (Coroner) M. D.

, 19 (Address) North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Lebanon Cem Date of Burial 12/6 1928

20 UNDERTAKER Samuel Hemsley

ADDRESS 1118 E Balto

39944 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18 E 39944

REGISTERED NO. _____

1-PLACE OF DEATH Found - Harbor

City of BALTIMORE: (No. Foot Boston ~~Wolfe~~ St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Thomas

(a) RESIDENCE NO. Blue Wing Shipe St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown 1923

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE.	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor do

(b) General nature of industry, business, or establishment in which employed (or employer) Dredger

(c) Name of employer Blue Wing

9 BIRTHPLACE (city or town) _____
(State or country) unknown Washington D.C.

PARENTS

10 NAME OF FATHER Smith

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) unknown

12 MAIDEN NAME OF MOTHER Brunswick

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Virginia

14 Informant Germaine M'Kee
(Address) 407 N Fremont Ave

15 Filed ..... 19.. HAVRE DE GRACE, MD. ..... Registrar

FEC - 1928 per Ruth

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) Sudden yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ mos. _____ ds.

(Signed) James M Kenlon (Coroner) M. D.

12 5. 1928 (Address) 100 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem Date of Burial 12/6 1928

20 UNDERTAKER Samuel Hanesley ADDRESS 578 Bdle

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39945

CERTIFICATE OF DEATH

113

E 39945

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Caswell ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carroll E. Pohlman

(a) RESIDENCE NO. 1509 Caswell ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 5-9-1928

7 AGE	Years	Months	Days	*If LESS than 1 day, hrs. or min.
	—	6	27	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas. A. Pohlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Louisa G Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Chas. A. Pohlman

(Address) 1509 Caswell St

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5th 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1928, to Dec 5-28, 19, that I last saw him alive on Dec 5-28, 19, and that death occurred, on the date stated above, at 4 P M. m.

The CAUSE OF DEATH* was as follows:

Acute Sepsis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) † H Herrman, M. D.

Dec 6 1928 (Address) 1710 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery — DATE OF BURIAL 12/7/28, 19

20 UNDERTAKER George J. Puth Sons — ADDRESS 1738 Harford

Spec.—2-29-28—L. F. S.—500 Bks.

Bartlett

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39946

E 39946

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 1 (WARD) 18-29

2—FULL NAME John Bartlett

(a) RESIDENCE NO. 100 S. Front ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 06

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Louis Bartlett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jenkins ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/3/27

17 I HEREBY CERTIFY, That I attended deceased from 11/5 . 19 27, to 12/5 . 19 27,

that I last saw h[illegible] alive on 12/3 . 19 27

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hypostatic lungs

Arteriosclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatic Enlargement

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of June 15, 1927

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) P. Jay Huch M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Jan 6 1928

20 UNDERTAKER: Henry Heuchow & Co

ADDRESS: Cor. Pa. Ave & McCulloh

DEC 6 - 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 39947

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 2-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Oliver W. Bruncup

(a) RESIDENCE NO. 40 So High St

(Usual place of abode) ..... ST., ... WARD

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): Aug 13 1863

7 AGE: 65 Years; 3 Months; 23 Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Lee Bruncup

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Interment: Rose Hill

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... C. HAMPSON GRAY, M. D., Registrar.

C 6 - 1928 Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12 6 - 28

17 I HEREBY CERTIFY, That I attended deceased from 11-5, 19 28, to 12-6, 19 28, that I last saw him alive on 12-6, 19 28, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary): Broncho pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hospital & Laboratory

(Signed) H. Finch M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 12/6 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 39948 · HEALTH DEPARTMENT—CITY OF BALTIMORE · E 39948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. 58-63

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion J. Bell

(a) RESIDENCE No. 4616 Greenlandare ST., WARD Los Angeles Wash.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bell

6 DATE OF BIRTH (month, day, and year) Dec 15 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Albert J. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't know

14 Informant Elizabeth Bell
(Address) 4616 Greenlandare

15 Filed 6-1928, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Dec 5, 1928, that I last saw h er alive on Dec 5, 1928, and that death occurred, on the date stated above, at 8 50 a m.

The CAUSE OF DEATH* was as follows:

Senile gangrene of leg.
Arteriosclerosis
Ulcer of back

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Roberts Phillips, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 12/7 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39949

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 ✓

E 39949

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 4-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Miles

(a) RESIDENCE NO. 153 ½ McCulloch ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 90

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Henry Hall

11 BIRTHPLACE OF FATHER (city or town) md (State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) md (State or country)

14 Informant Records BALTIMORE CITY HOSPITALS (Address)

15 Filed C. HARRISON JONES, M. D. Registrar

DEC 6 - 1928 Reg. 3023

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2-28

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to 12-2, 1928, that I last saw her alive on 12-2, 1928 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? + Carl, Wassermann Pos. Ant.

(Signed) R. M. Wick M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health DEC 6 - 1928

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2 1928 39950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 39950

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 2-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgia Highlander

(a) RESIDENCE NO. Fort Springs (Usual place of abode) ST., W. Va WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~10-5-28~~

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		13		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Elmer Highlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Eggie Duncan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 6 1928 19 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 - 28

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to Dec 5, 1928,

that I last saw her alive on Dec 5, 1928,

and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 4 1928

Was there an autopsy? Yes Third ventricle stone

What test confirmed diagnosis?

(Signed) I. Ruben Tumbleson M.D.

Dec 6 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Springs W Va

DATE OF BURIAL 19

20 UNDERTAKER Joseph Abrams

ADDRESS 22 Bway

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39951

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4231 (St.) Ivanhoe Ave (WARD) 27-47

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fanny Benter

(a) RESIDENCE NO. 4231 (Usual place of abode) Ivanhoe ave ST., 15th WARD

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 3-1854

7 AGE — Years: 74 — Months: 9 — Days: V — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired, 68

(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Francis Benter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Mary McKeown

(Address) 4231 Ivanhoe ave

15 Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

Per ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to Dec 5, 1928, that I last saw her alive on Dec 5, 1928, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ....

Was there an autopsy? no

What test confirmed diagnosis? ....

(Signed) L. H. Harvey, M. D.

, 19 (Address) 921 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: J. H. Inman — ADDRESS 300 E. Baltimore

C 6 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39952

CERTIFICATE OF DEATH.

90 E 39952

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2039 W. Lafayette Ave. (St.) (Ward) 15

2-FULL NAME Jos. K. Purcell.

(a) RESIDENCE NO. 1536 Moreland Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 20 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stella M. Purcell

6 DATE OF BIRTH (month, day, and year): July 14 1874

7 AGE — Years: 54 Months: 4 Days: 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER: Geo P. Purcell

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Whitty

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Stella Purcell

(Address): 1536 Moreland

15 Filed ..... 19 ..... Registrar

C 6 - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) — yrs. 6 mos. 7 dys.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dys.

(Signed) C. E. Lueth M. D.

(Address) 2039 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. dys. In the State yrs.. mos.. dys.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: 12/7 192 8

20 UNDERTAKER: W. M. Rentzen ADDRESS: 2238 W. Baltimore St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 39953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39953

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3304 Reuckert Ave St. 27 4 Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie L. Nelson

(a) RESIDENCE NO. 3304 Reuckert Ave St. Ward

(Usual place of nbode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry I. Nelson.

6 DATE OF BIRTH (month, day, and year) Apr 15/1860

7 AGE	Years	Months	Days 19	IF LESS than 1 day.....hrs. or.....min.
	68	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Kavanaugh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Percilla Cole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Husband

(Address) 3304 Reuckert Ave

15 Filed 19 C. Harrison Jones M. D.

Registrar

C 6 1928

Dep

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.

(Coroner)

12/6/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery Date of Burial 12/7/1928

20 UNDERTAKER John Ulrich ADDRESS 200 Orleans St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 12 39954 ✓ + 49 E 39954

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Geckeler

(a) RESIDENCE NO. 2 d Thompson Ave ST., WARD Bradford Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M. Geckeler

6 DATE OF BIRTH (month, day, and year) Dec 28 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Geo. J. Geckeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Lydia Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

C 6-1928 File C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1928 to Dec 6, 1928

that I last saw him alive on Dec 6 1928

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Brain tumor, cerebellar malignant

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date Dec 6 Exploratory Cerebellar

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Smith M. D.

Dec 6 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Buffalo N. Y.	Dec 7 1928
20 UNDERTAKER	ADDRESS
John C. Mitchell Sons	1900 Eutaw Pl.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39955

CERTIFICATE OF DEATH

90 E 39955

1—PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1904 ½ Fulton Ave ST. (WARD) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma J. Albaugh

(a) RESIDENCE NO. 1904 ½ Fulton Ave ST. WARD 15

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 DATE OF BIRTH (month, day, and year): Aug 7 - 1855

7 AGE: Years 73 Months 3 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home-work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

PARENTS

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md

10 NAME OF FATHER: Geo. W. Mc Cuskey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER: Rebecca Derr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co Md

14 Informant: Elsie A. Haguet

(Address) 1904 ½ Fulton Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

6 - 1928 DMT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/5/28

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to Dec 5/28 19

that I last saw h[illegible] alive on Dec 4/28 19

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Myocarditis Chronic

Arteriosclerosis (duration) 1½ yrs. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. C. Houck M. D.

12/6/28 19 (Address) 3 Thirteenth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery Frederick Md

DATE OF BURIAL: Dec 8 1928

20 UNDERTAKER: Chas. G. Black & Co

ADDRESS: 40 North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 39956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39956

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 Mosher ST. 14-20 WARD)

2-FULL NAME Ida M. Langford

(a) RESIDENCE NO. 417 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Arthur Langford

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 49 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Lewis Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Mally Edmonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Arthur Langford (Husband) 417 Mosher St.

15 Filed DEC 7 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Dec 4, 1928, that I last saw h alive on Dec 4, 1928, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Hypertension and Arthritis

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Young, M. D.

Dec 5 1928 (Address) 1429 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine

DATE OF BURIAL: 12 7 1928

20 UNDERTAKER: Samuel Hensley

ADDRESS: 578 Dr Biddle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39957

CERTIFICATE OF DEATH.

101-001 ✓

E 39957

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Patterson Johnson

(a) RESIDENCE NO. Charlestown W. Va (If non-resident give city or town and State)

(Usual place of abode) 810 Sommerset St Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Watman

6 DATE OF BIRTH (month, day and year): 1891

7 AGE: Years 37; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charlestown W Va Dec 6 1928

(State or country)

PARENTS

10 NAME OF FATHER: Jas F Patterson

11 BIRTHPLACE OF FATHER (City or town) Charlestown W Va

(State or country)

12 MAIDEN NAME OF MOTHER: Rebecca Poynter

13 BIRTHPLACE OF MOTHER (City or town) Charlestown W Va

(State or country)

14 Informant: Pauline Randolph

(Address) Charlestown W Va

15 Filed DEC 7 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 6th 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. one ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. R. Leach M. D.

(Coroner)

(Address) north Box x Divine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlestown W. Va Date of Burial 19

20 UNDERTAKER: Samuel H Hawley ADDRESS Druid

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 39958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39958

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1044 N Bond St. 21-29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Rosa May Benner

(a) Residence No. 1044 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry Benner

6-DATE OF BIRTH (month, day and year) Aug 22 1874

7-AGE. 54 yrs. 3 mos. 12 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer). 37

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, William Kelly.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER, Rose Duker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md.

14- (Informant) Mrs Chas Heyman

(Address) 1044 N Bond St

15- Filed DEC 7 - 1928 JAMES H. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) 12-4-28

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1928 to Dec 4 1928

that I last saw h[e] or alive on Dec 4 1928

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Duration yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Dropsy

Duration yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Rolland Dorsett M. D.

, 19 (Address) 1127 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Crem. DATE OF BURIAL. 12-7 1928

20-UNDERTAKER. Bernard C. Harle ADDRESS 1000 S Paca St

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 39959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39959

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 138 W. 25 St 12-51 St. WARD.

2-FULL NAME James E Marsden

(a) RESIDENCE. No. 138 W 25 St St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Susan R Marsden

6 DATE OF BIRTH (month, day, and year): Dec 15-1843

7 AGE: Years 84 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): General Grain
(c) Name of employer: Master Pa, Ry.

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Solomon Marsden

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Asked & Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Asked & Not Known

14 Informant: Mrs Ruth Allen
(Address) 138 W 25 St

15 Filed DEC 7 1928 J. C. HARRISON JONES, M. D. Registrar

Pay $10.00

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1928 to Dec 5 1928

that I last saw him alive on Dec 5 1928

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism Sudden
(duration) hrs. min.
CONTRIBUTORY (Secondary) Arterio Sclerosis & Chronic Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L. A. Richardson M. D.
1928 (Address) 11 W. 25 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec 8 1928

20 UNDERTAKER: A S Marshall ADDRESS: 3539 Fall Rd

DEC 7 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39960

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1422 Madison Ave Ward) 20

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas E. Savoy.

(a) RESIDENCE NO. 1422 Madison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Savoy

6 DATE OF BIRTH (month, day, and year): Mar 17 - 1874

7 AGE: Years 54 Months 8 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Chas Co Md

(State or country)

PARENTS

10 NAME OF FATHER: Wm P. Savoy

11 BIRTHPLACE OF FATHER (city or town): Chas Co Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Chas Co Md

(State or country)

14 Informant: Howard Savoy

(Address) 1422 Madison

14 Filed DEC 7 1928 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leech M. D.

(Coroner)

19 (Address) 1418 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Date of Burial

Laurel Cemetery Dec 8 1928

UNDERTAKER ADDRESS

Eastern Dr Wright 1364 W Cary

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39961

CERTIFICATE OF DEATH.

22 E 39961

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Reisterstown Road St.) (12-5-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SVERRE STEEN

(a) RESIDENCE No. 3700 Reisterstown Road St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer Railroad

9 BIRTHPLACE (city or town) Bergen (State or country) Norway

PARENTS

10 NAME OF FATHER Gerhard S.H. Steen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Madsella L. Madsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Egil Steen

(Address) 3700 Reisterstown Road

15 Filed DEC 7 1928, 19 HARRISON JONES, M. D. Registrar

by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 5, 1928, that I last saw h[illegible] alive on Dec 5, 1928 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic cirrhosis of liver.

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Ascites

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Milton P. Bell M. D.

19 (Address) Highlandtown Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL Dec 7 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 E 39962

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (18-76) ST. (WARD)

2-FULL NAME Ida Mary Lee

(a) RESIDENCE No. 915 Curley Court ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Lee

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Theodore Mackey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucy Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address) C. Hampson Jones, M. D.

Filed DEC 7 - 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928 to Dec. 3, 1928, that I last saw her alive on Dec. 3, 1928 and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith, M. D.

12-3, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 12-7 1928

20 UNDERTAKER David Easton ADDRESS 96 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39963

CERTIFICATE OF DEATH

90 E 39963

E 39963
1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 407 W. Saratoga ST., 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Marcelina Webb.

(a) RESIDENCE NO. 407 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 8 mos. 5 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Franklin Webb.

6 DATE OF BIRTH (month, day, and year) April 1 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Maria Louisa Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Churchhill Md.

14 Informant Bryan Webb
(Address) 407 W Saratoga

15 Filed DEC 7 1928, 19..., ...C. H. Hatton..., Registrar. M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Dec. 5, 1928, that I last saw h[illegible] alive on Dec. 5, 1928 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular disease.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. Tumminello, M. D.

, 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Hartford Rd

DATE OF BURIAL Dec 8 19 28

20 UNDERTAKER W M Routson

ADDRESS 2238 N Avon

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39964

CERTIFICATE OF DEATH

+ 101-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sam Leckowitch

(a) RESIDENCE NO. 527 Baltic Rd ST., WARD Balto Co, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel worker

(b) General nature of industry, business, or establishment in which employed (or employer) Steel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 7 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 6, 1928, that I last saw h[illegible] alive on Dec 6, 1928 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy, Bl. culture

(Signed) Sidney A. Gladstone M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rosedale Woods	Dec. 7 19 28
20 UNDERTAKER	ADDRESS
John Gobliemans	428 S. Pa

IMPORTANT—Physician attending deceased during last illness must sign certificate. Undertaker must file certificate with Registrar of Vital Statistics before interment or removal of body. Burial permit will be issued by Registrar upon presentation of this certificate properly executed. Penalty for violation, $100 fine. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39965

101-001

E 39965

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4101 Ridgewood Ave. 15-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alexander F. Markland

(a) RESIDENCE NO. 4101 Ridgewood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 31, 1862

7 AGE: Years 66 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. F. Markland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anne Jane Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mr. Wm. F. Markland Jr.

(Address) 401 Ridgewood Ave.

15 Filed DEC 7 - 1928 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-18 1928 to 12-5 1928

that I last saw him alive on 12-5 1928

and that death occurred, on the date stated above, at 12.35 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Previous grippe pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Rotzell M. D.

12-7 1928 (Address) 3902 Crockard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: Wm. J. Deckner Sons

ADDRESS: North & Pa

Spec.—2-29-28—L. F. S.—500 Bks. IMPORTANT.—Every question must be answered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39966

CERTIFICATE OF DEATH

74-09

E 39966

1-PLACE OF DEATH

City of BALTIMORE: (No.) 634 Eisler St. (If not in a hospital, give Ward) 27-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Thompson

(a) RESIDENCE NO. 634 Eisler St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Thompson

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 46 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Chas. Dorsey

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Washington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Bessie Smith

(Address): 634 Eisler St.

15 Filed ..... 19 .....

Registrar

Per

DEC 7 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 3 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 19 28, to Dec 3, 19 28, that I last saw h[illegible] alive on Dec. 3, 19 28, and that death occurred, on the date stated above, at 11:20 A. M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John [illegible] M. D.

(Address) 645 Washington Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

Date of Burial: Dec. 7 1928

20 UNDERTAKER: Thomas G. Kelson.

ADDRESS: Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 39967

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Spence

(a) RESIDENCE NO. 1529 E. Pratt St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Snow Hill, Md.

PARENTS

10 NAME OF FATHER Zeurkel Spence

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Pricilla Spence

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wm. Spence (Brp)

(Address) 414 N. Redfield W. Phila. Pa

15 FILED ... 19 C. HARRISON JONES, M.D. Registrar

BY _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Dec 2/23

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio Vascular Disease

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.

(Coroner)

12/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Dec 7 1928

19 UNDERTAKER: Thomas E. Kelson — ADDRESS: 130 Fremont

DEC 7 - 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39968

CERTIFICATE OF DEATH.

100-09

E 39968

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 6-9 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Sisco

(a) RESIDENCE No. 1927-E. Balto ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tobie Sisco

6 DATE OF BIRTH (month, day, and year) Lithuania.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Sisco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hammel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eastern Ave

Filed DEC 7 - 1928 [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 1928

17 I HEREBY CERTIFY, That I attended deceased from December 5, 1928, to December 7, 1928, that I last saw h/m alive on December 7, 1928, and that death occurred, on the date stated above, at 3:20 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia, left lower lobe,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Fredrick L. Wolf M. D.

12-7, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem DATE OF BURIAL 12/9 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

N. B.—WHITE PERMIT, WITH CERTIFICATE, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39969 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 39969

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2102 Oak St. 17-51 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rummel Rummel

(a) RESIDENCE NO. 2102 Oak St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Freida Rummel

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 55 | Months — | Days — | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER: Max Rummel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant: Jack Lewis

(Address) 1439 E Baltimore St

15 Filed ....., 19 .... H. H. [illegible] Registrar.

C F - 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) G. Lawson

(Duration) yrs. mos. ds.

Dec 7/28 Signed G E Glades M. D.

(Coroner)

7, 19 (Address) 143 W Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrersburg Penn Date of Burial 12/7 1928

20 UNDERTAKER: Jack Lewis ADDRESS 143 E Balto

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39970

CERTIFICATE OF DEATH.

11 E 39970

1-PLACE OF DEATH Woman's Hospital. 13-52 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Evelyn Harden

(a) RESIDENCE NO. 913 W 36th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dewey Harden

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	27	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Culpepper Co. Virginia

PARENTS

10 NAME OF FATHER William E. Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lena Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Dewey Harden (Husb.)

(Address) 913 W 36th St. city

15 Filed ..... 19 ..... C. H. Nicholas, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec. 6, 1928, that I last saw h[illegible] alive on Dec. 6, 1928, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Pyosalpingitis, bilateral
Appendicitis, subacute

(duration) yrs. ? mos. ? ds. ? by history

CONTRIBUTORY (Secondary) Pulmonary embolism

(duration) yrs. mos. 15 min.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Dec 4, 1928

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Francis H. Langley, M. D.

19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Hampden

DATE OF BURIAL 12/8 1928

20 UNDERTAKER Wm Cook

ADDRESS 602 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 9945
39971

60-001

E 39971

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-37 WARD)

2—FULL NAME Anna C Kirby

(a) RESIDENCE NO. 329 Cathedral ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Samuel Kirby

6 DATE OF BIRTH (month, day, and year) July 11. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country) Md

PARENTS

10 NAME OF FATHER Henry Neal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Records
(Address)

15 Filed ____, 19__ [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6-1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Dec 6, 1928,

that I last saw h.e alive on Dec 6, 1928,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.
Acute Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thyroidectomy for Exophthalmic Goiter (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 5, 28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Edward Strictore, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Dec. 8. 1928
20 UNDERTAKER Henry Sander & Sons Inc	ADDRESS Baltimore St. & Broadway

Do not write in plain letters, as what is may be property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

49

E 39972

CERTIFICATE OF DEATH

E 39972

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2445 Lauretta Ave ST. W-64 WARD)

2—FULL NAME Frank J. Knerschner

(a) RESIDENCE NO. 2445 Lauretta Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Knerschner

6 DATE OF BIRTH (month, day, and year) March 24. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Theodore Leonhardt

(Address) 2445 Lauretta Ave

15 Filed DEC 7 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 23 1928, to Dec 6 1928, that I last saw him alive on Dec 6. 1928 and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. J. Guyton M. D.

Dec 6 1928 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec. 8 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E. 39973

E 39973 HEALTH DEPARTMENT—CITY OF BALTIMORE 2668 3

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital Baltimore, Maryland St. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis H. Talbott

(a) RESIDENCE NO. 1159 N. Stricker St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Talbott

6 DATE OF BIRTH (month, day, and year): March 23, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

PARENTS

10 NAME OF FATHER: Frank Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carrol Co. Maryland

12 MAIDEN NAME OF MOTHER: Hannah Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Maryland

14 Informant: Records, U.S. Marine Hospital

(Address): Baltimore, Md.

15 Filed DEC 4 1928, 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 6 19 28

17 I HEREBY CERTIFY, That I attended deceased from December 3, 19 28, to December 6, 19 28, that I last saw h im alive on December 6, 19 28, and that death occurred, on the date stated above, at 8:35 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease, aortic regurgitation

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary): chronic nephritis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory findings

(Signed) Houston G. Foster, M. D.

12/6 19 28 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: 12-7 1928

20 UNDERTAKER: Daniel Foster & Sons

ADDRESS 826

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly Classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 39974

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-E 39974

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 (St.) W. Fort Ave (Ward) 23-31

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Robert Roberg

(a) RESIDENCE. No. 134 St. W. Fort Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5-1926

7 AGE — Years — Months — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Henry M Roberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Regina M. Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Henry Roberg

(Address) 134 W. Fort Ave

15 Filed DEC 7 - 1928 C. HAMPSON JONES, M. D. Registrar

Per ACA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1928 to Dec 7 1928 that I last saw him alive on Dec 7 1928 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Morbus Cordis

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M. D.

12/7 1928 (Address) 1279 Millcarth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mayfield Memorial Cemetery Pearlsville Md	12/8 1928
20 UNDERTAKER — Henry M Roberg (Father)	ADDRESS 1341 Fortare

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39975

CERTIFICATE OF DEATH.

129 E 39975

REGISTERED NO.

1-PLACE OF DEATH German Aged People Home

City of BALTIMORE: (No. Baltimore & Payson St., 20-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizibeth Schneider

(a) RESIDENCE NO. Baltimore & Payson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3 1848

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
80	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elmhausen Hessen

(State or country) Germany

PARENTS

10 NAME OF FATHER Wilhelm Schneider

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wegner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Records of German Aged Home

(Address) Baltimore & Payson Sts.

15 Filed 19 C. HAMPSON JONES M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 7th 1928 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1927, to Dec 7 1928, that I last saw her alive on 12/4/28 19, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Hough, M. D.

12/7 19 28 (Address) 1843 W. Fredrick St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dyson Lutz Cem Date of Burial Dec 10 19 28

20 UNDERTAKER Joseph D Cook ADDRESS 1003 W Baltimore St

C 7 - 1928

If death occurred in a hospital or institution, the name of the institution should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39976

E 39976

CERTIFICATE OF DEATH.

REGISTERED NO. 100 1001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST. (WARD) 4th W

(If death occurred in hospital or institution give its NAME instead of street and number.)

2-FULL NAME Betty Krabitz

(a) RESIDENCE NO. 1709 Aisquith St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/14/1927

7 AGE — Years: 1 — Months: 7 — Days: 23 — If LESS than 1 day hrs. or min.: X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child.

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas. E. Krabitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Bessie M. Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Chas. E. Krabitz

(Address) 1709 Aisquith St

15 1928 C. HARTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928, to Dec. 7, 1928,

that I last saw h[illegible] alive on Dec 7, 1928,

and that death occurred, on the date stated above, at 1 20 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL 12/10/28.

20 UNDERTAKER: Geo J Roth

ADDRESS 1735 Hoff

C 7

U.S.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE SHOULD BE FILLED OUT COMPLETELY AND ACCURATELY. PHYSICIANS should be careful to report all facts required by this certificate, including the medical information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 39977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103 E 39977

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 9-4 Ward)

2-FULL NAME Lady C. Smart.

(a) RESIDENCE NO. 507 E. 30 th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late William T. Smart

6 DATE OF BIRTH (month, day, and year): Oct. 17, 1886.

7 AGE — Years: 42, Months: 1, Days: 19. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleswoman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Staunton Va.

(State or country)

PARENTS

10 NAME OF FATHER: John A. Noon.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Staunton Va.

12 MAIDEN NAME OF MOTHER: Ada F. Sibert.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: Mrs. A. P. Barton. (Sister).

(Address) 804 Forsyth Ave.

15 Filed Dec. 8, 1928 Clarence Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1928.

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: (over)

Fractures of Nose
Rupture of Spleen
Shock

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Dec 9/28

(Signed) G C Grades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va Date of Burial Dec 8, 1928

20 UNDERTAKER: A. Howard Emmons & Co Ltd ADDRESS

C 7 - 1928

If DEATH OCCURRED IN A HOSPITAL, WITH CAPABLE PERSON—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39978 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 39978

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1422 W Mulberry ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Boardley

(a) RESIDENCE NO. 1422 W. Mulberry ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md

PARENTS

10 NAME OF FATHER: Richard Boardley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Mahelber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Geo. Brown

(Address) 22 Washington St. Annapolis

15 Filed DEC 8 1928, 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-5 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 5, 1928, that I last saw h— alive on Dec 5, 1928, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) C. H. Jones, M. D.

1928 (Address) 714 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12-8 1928

UNDERTAKER: John H Toadvine

ADDRESS 1027 Hanover Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39979 HEALTH DEPARTMENT—CITY OF BALTIMORE E 39979

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N. Wolfe ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret J. Baker

(a) RESIDENCE NO. 726 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept 7, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER James J. Baker

11 BIRTHPLACE OF FATHER (city or town) Bangor
(State or country) Maine

12 MAIDEN NAME OF MOTHER Dolores Daughtry

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant J. J. Baker
(Address) 726 N. Wolfe St. Balto

15 Filed DEC 8 - 1928 Clayton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 7, 1928, that I last saw her alive on Dec 7, 1928 and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical

(Signed) John L. Finley, M. D.

(Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem.

DATE OF BURIAL Dec. 8, 1928

20 UNDERTAKER John A. Moran

ADDRESS 3000 E Balto St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39980

91-002

E 39980

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 N Clinton St. 26-11 Ward)

2-FULL NAME Robt F. Hirschert.

(a) RESIDENCE NO. 15 N Clinton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 ● yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cloth do

(b) General nature of industry, business, or establishment in which employed (or employer) Weaver

(c) Name of employer

9 BIRTHPLACE (city or town) Germany.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany.

(State or country)

14 Informant Family History

(Address) 15 N. Clinton St.

15 Dec 7, 1928 C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:*

Senility

Arteriosclerosis

(Duration) 15 yrs. mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. — ds.

Dr 1/2 8 (Signed) G C Wades, M. D.

(Coroner)

12/7, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemtry Date of Burial Dec 8, 1928

20 UNDERTAKER John A. Maan ADDRESS 3000 E Balto St.

C 8

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39981

101 Vol 1

E 39981

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 902 N. Bradford St., 7-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Slechta

(a) RESIDENCE NO. 902 N. Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Slechta

6 DATE OF BIRTH (month, day, and year) Unknown 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Frank Jitnika

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Frank Slechta

(Address) 902 N Bradford St

Filed DEC 8 1928 O. HAMPSON JONES, M.D. Registrar

Per ASW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Dec. 6

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1928, to Dec 6, 1928, that I last saw h[illegible] alive on Dec 6, 1928, and that death occurred, on the date stated above at 2 A. m.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Fred Duetsch M. D.

(Address) 902 N Bradford St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Dec. 10, 1928

20 UNDERTAKER Frank E. Leach Son — ADDRESS 1906 Eutaw

PENALTY—WILFUL FALSE STATEMENT OR UNAUTHORIZED USE OF THIS CERTIFICATE, OR WILFUL CONCEALMENT OF ANY MATERIAL INFORMATION, IS PERJURY, WITH PENALTY OF IMPRISONMENT FOR NOT MORE THAN 10 YEARS. PREPARATION OF FALSE CERTIFICATE OR RECORD, OR WILFUL NEGLECT TO PERFORM DUTY IMPOSED BY LAW IN CONNECTION WITH DEATH RECORD, IS MISDEMEANOR, WITH PENALTY OF FINE OF NOT MORE THAN $500 OR IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR BOTH. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 39982

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 39982

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Arunah Ave ST. 16-66 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia Price

(a) RESIDENCE NO. 2303 Arunah Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerome W. Price

6 DATE OF BIRTH (month, day, and year): Sept 6, 1846

7 AGE: Years 82 | Months 3 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Castle Co Del

PARENTS

10 NAME OF FATHER: Saml. McEntire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Matilda Boulden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del.

14 Informant: Miss Marian Price.

(Address) 2303 Arunah Ave.

15 Filed: DEC 1928, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from several years, 19..., to Dec 6, 1928, that I last saw h alive on Dec 4, 1928 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Diastolic f Heart

immediate (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Senual (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) J. Estrote Ewell, M. D.

Dec 7, 1928 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 8 1928

20 UNDERTAKER: W. M. Huckner Sons

ADDRESS: Forest Pl

C 6

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill OUT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39983 E 39983

CERTIFICATE OF DEATH.

155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Deaf Home ST. 27-43 (WARD)

2-FULL NAME Miss Cornelia Luttrell

(a) RESIDENCE NO. Md. School for the Blind ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) 3/21/1872

7 AGE: Years 56 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer) teaching

(c) Name of employer Md school for the Blind

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER John Luttrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond - Va.

12 MAIDEN NAME OF MOTHER Sarah Rowthorn

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va (State or country) Va.

14 Informant Hospital Record (Address)

15 Filed DEC 8 - 1928, 19 C. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7 19 28

17

I HEREBY CERTIFY, That I attended deceased from 10-4- , 19 25 , to 12-7 , 19 28 ,

that I last saw her alive on 12-7 , 19 28 ,

and that death occurred, on the date stated above, at 11:15 A. m.

The CAUSE OF DEATH* was as follows:

Gangrene of finger 15 days

(duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertension - Myocarditis

(duration) yrs. 2 mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 12-25-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Jno A Compton M. D.

12/7/28, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmerton Va

DATE OF BURIAL 12-9 19

20 UNDERTAKER Geo W Little

ADDRESS

DEC 8 - 1928

INSTRUCTIONS: WRITE PLAINLY WITH INDELIBLE PENCIL OR PEN AND INK. DO NOT USE LEAD PENCIL. Every question on this certificate should be carefully answered. If information is not known, so state. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39984

129

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3702 Elm Ave ST. 13-5th WARD)

2—FULL NAME Lydia A Markey

(a) RESIDENCE NO. 3702 Elm Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Wm H. Markey

6 DATE OF BIRTH (month, day, and year): May 27 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary A Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: D Emory Markey

(Address): 3702 Elm Ave

~~C. HARRISON JONES, M.D.~~

15 Filed , 19 Registrar

C 8 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 30th, 1927, to Dec. 6, 1928,

that I last saw her alive on Dec 5th, 1928

and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

& Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. van Ormdrund M. D.

12/8, 1928 (Address) 806 W 36th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Buckeystown Md

DATE OF BURIAL: 12/9 1928

20 UNDERTAKER: Thanhouser Son

ADDRESS: 415 Shute St

IMPORTANT: Answer all questions carefully, supplying data where blanks appear. Use ordinary language and avoid abbreviations. Write plainly with pen and ink. Do not use lead pencil. Be sure that the CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 39985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1171 N. Mount St. 14-27 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horatio Anderson

(a) RESIDENCE No. 1171 N Mount ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena V Anderson

6 DATE OF BIRTH (month, day, and year) July 20. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	64	~~July~~ 4	15 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica B. W. I.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Lena V. Anderson
(Address) 1171 N Mount St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 , 19 28 to Dec 5 , 19 28
that I last saw him alive on Dec 5 , 19 28
and that death occurred, on the date stated above, at 11 m.
The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 3 mos 6 ds.

CONTRIBUTORY (Secondary) Cold - Contracted at Lungs (duration) yrs. 2 mos. Ms.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Test

(Signed) J. H. Walter M. D.

, 19 (Address) 1571 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mineral Va	Dec 10 1928

20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Mount

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39986

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

118 E 39986

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Gough st. ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph. Adam Jzbiewicz

(a) RESIDENCE NO. 1915 Gough st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 10-1928

7 AGE	Years	Months	Days 28	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Stanislaw Jzbiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Helen. Szczytnicka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg Pa.

14 Informant Stanislaw Jzbiewicz

(Address) 1915 Gough St.

15 Filed DEC 8 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, '28

17 I HEREBY CERTIFY, That I attended deceased from Birth, 1928, to Dec. 7, 1928.

that I last saw him alive on Dec. 7, 1928

and that death occurred, on the date stated above, at 10 P.M. m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Premature Birth, and Starvation (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) 43 E Baltimore St Apt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cemetery	Dec 8 1928

20 UNDERTAKER George A. Weber

ADDRESS 705 S. Ann st

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39987

CERTIFICATE OF DEATH

E 39987

REGISTERED NO. 1-3

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2232 Eastern ave - ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanislaw Ulatowski (Ulatowski)

(a) RESIDENCE NO. 2232 Eastern ave - ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Magdalena ULATOWSKA

6 DATE OF BIRTH (month, day, and year) Nov. 18-1864

7 AGE: Years 64 | Months | Days 20 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor. Gen

(b) General nature of industry, business, or establishment in which employed (or employer): S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: John. ulatowski

(Address) 2232 Eastern ave.

15 Filed DEC 8 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, '28

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to Dec. 7, 1928, that I last saw him alive on Dec. 7, 1928 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver - non-alcoholic
Chr. nephritis
Chr. Myocarditis

(duration) yrs. 27 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) 432 S Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Dec 10 1928

20 UNDERTAKER: George A Weber — ADDRESS: 708 S. Ann st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be answered. Every statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39988

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-901 E 39988

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 931 S Belnord ave St., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bennedick Olszewski

(a) RESIDENCE NO. 931 S Belnord ave ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	White	Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Peter Olszewski.

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Stanislava Cholewinska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Peter Olszewski.
(Address) 931 S Belnord ave

15 Filed DEC 8 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 7, 1928, that I last saw him alive on Dec 4, 1928 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G W Beemps, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Dec. 8 1928
20 UNDERTAKER	ADDRESS
George A Weber	705 Lemmert

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E. 33989

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E. 39989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 903 Hanover St. St. 23-31 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Cloud. (C)

(a) RESIDENCE NO. 903 Hanover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 28, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Cloud. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eva Strawberry. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Eva Cloud. (C) mother.

(Address) 903 Hanover St.

15 Filed ..... 19.....

Registrar

DEC 6 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

unknown,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

12/7, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Date of Burial Dec 8 1928

20 UNDERTAKER H. E. Brown & Son ADDRESS 1911 Monument

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (ST.) 16-69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvin Eugene Mercer

(a) RESIDENCE NO. 2404 Edmondson (ST.) Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~Mrs.~~ Hattie Virginia Mercer

6 DATE OF BIRTH (month, day, and year) Nov 14 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Rate Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad 609

(c) Name of employer B & O.

9 BIRTHPLACE (city or town) Middletown

(State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Robert Mercer

11 BIRTHPLACE OF FATHER (city or town) Frederick Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Annie Trigg

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Hattie Virginia Mercer

(Address) 2404 Edmondson Ave

15 DEC 8 1928 . 19 C. HARRISON BOND, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 1928

17

I HEREBY CERTIFY, That I attended deceased from December 4 . 1928 . to December 7 . 1928 .

that I last saw him alive on December 6 . 1928 .

and that death occurred, on the date stated above, at 1 20 Am.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia & cardiac failure.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Theo. E. Stacy Jr. M. D.

. 19 (Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pine Grove Mem'l Cem'y	12/10/28
UNDERTAKER	ADDRESS
Geo Weber	Don 2503 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39991

CERTIFICATE OF DEATH

× 119 √E 39991

1—PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd ST. 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Eshleman

(a) RESIDENCE NO. Edgewood Md ST., WARD Edgewood, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 31 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 27, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Edgewood (State or country) Maryland

PARENTS

10 NAME OF FATHER Elvin Eshleman

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Maude Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Hospital Records
(Address)

15 Filed DEC 8 1928, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928. to Dec 7, 1928. that I last saw him alive on Dec 7, 1928 and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from bowel.

(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary) Post operative shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 7, 1928

Was there an autopsy? Yes.

What test confirmed diagnosis? Gross appearance of bowel

(Signed) Wallace Swartzbaugh M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Abingdon Cemetery	Dec 10 1928
20 UNDERTAKER Harold K McKenna	ADDRESS Abingdon Md

Information should be carefully supplied. Any blanks not filled in will delay the issuance of burial permit. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21 E 39992

HEALTH DEPARTMENT—CITY OF BALTIMORE

21 E 39992

CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward J. Pearson

(a) RESIDENCE NO. East Hotel ST., Near WARD Haven Conn

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude S. Pearson

6 DATE OF BIRTH (month, day, and year) 10/4/63

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroading

(b) General nature of industry, business, or establishment in which employed (or employer) R R

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind -

PARENTS

10 NAME OF FATHER Leonard Pearson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass -

12 MAIDEN NAME OF MOTHER Lucy Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Me -

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 8 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-7/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1928, to Dec 7, 1928, that I last saw him alive on Dec 7, 1928, and that death occurred, on the date stated above, at 7 35 a m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) R Hooper Smith M. D.

Dec 7, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Haven Conn	Dec 10 19 28
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1600 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39993

CERTIFICATE OF DEATH.

129 E 39993

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 E. Pratt St St. 3-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary. F. Rentz

(a) RESIDENCE NO. 1111 E. Pratt St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	marrief

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Rentz

6 DATE OF BIRTH (month, day, and year) Apr 14-1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Hadl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Taubent

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Charles Hadl (Father)

(Address) 2434 Jefferson St.

15 Filed C. Hampson Jones, M. D.

Registrar

EC 8 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism (duration) .....mos. .....ds.

(Signed) J. C. Hampson Jones M. D.

(Coroner)

12-8-28 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec 10th 1928

20 UNDERTAKER Lilly & Zeller Inc. ADDRESS 403 S. Wolfe St

FOR.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 39994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 39994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3137 N Eden ST. 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margine Dunconb

(a) RESIDENCE NO. 3137 N Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jacob Dunconb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Dunconb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Palmer

(Address) 3137 Eden

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

DEC 8 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 7, 1928

that I last saw h alive on Dec 7, 1928

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) Pyelitis (duration) yrs. mos 8 ds.

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

12-7-1928 (Address) 508 Somerset

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lasea Va. DATE OF BURIAL Dec 11 1928

20 UNDERTAKER Lollis Bros ADDRESS 1405 McElderry

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 39995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 39995

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) [redacted] ST. 26-36 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leroy Partlow

(a) RESIDENCE NO. 3714 Remly ST. Fairview WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: About 40 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'Hara

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): S C.

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S C

14 Informant: Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 8 - 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-5-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to 12-5, 1928, that I last saw him alive on 12-5 1928 and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes What test confirmed diagnosis? Clinical & X-Ray

(Signed) P. M. Hecht M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — DATE OF BURIAL: Dec 8 19

20 UNDERTAKER: R L Parham — ADDRESS: 829 Barre St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 39996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39996

CERTIFICATE OF DEATH.

111-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Saint Joseph's Hospital ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis F. Bandell

(a) RESIDENCE No. Fullerton Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna L. Bandell

6 DATE OF BIRTH (month, day, and year): Dec. 29th 1872

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Edge Tool Grinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Leonard J. Bandell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Katharine Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hessen Germany

14 Informant: Anna L. Bandell

(Address) 3rd House N. Ellwood Rd. Fullerton

15 Filed 1928, C. HAMPSON JONES, M.D. Registrar

Dec 8th

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/1 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/27, 1928, to 12/1, 1928,

that I last saw him alive on 12/1, 1928,

and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric ulcer

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Dyspepsia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/30/28

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. C. Zimmerman M.D.

, 19 (Address) St Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec 10, 28

20 UNDERTAKER: Frederick Leuthauser Sons — ADDRESS: Fulberton

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C 8

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39997

CERTIFICATE OF DEATH

44 E 39997

1—PLACE OF DEATH

REGISTERED NO. 27-55

CITY OF BALTIMORE: (No. 3419 Bancroft Rd ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary H. Lauer

(a) RESIDENCE NO. 3419 Bancroft Rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leon Lauer

6 DATE OF BIRTH (month, day, and year): May 31st 1887

7 AGE — Years: 41 | Months: 6 | Days: 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Phila. Pa

PARENTS

10 NAME OF FATHER: Samuel Hausteir

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Clara Wolff

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Leon Lauer

(Address): 3419 Bancroft Rd

Filed DEC 8 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 1928

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1928, to Dec. 6, 1928, that I last saw h[illegible] alive on Dec 6, 1928 and that death occurred, on the date stated above, at 10 35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(No other Cause - that could be considered Primary)

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 10 1928

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy (Dr Finney)

(Signed) Louis P. Hammett Jr. M. D.

Dec 7, 1928 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bar Imai

DATE OF BURIAL: 12/9 1928

20 UNDERTAKER: Dard Sondheim

ADDRESS: [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 39998

CERTIFICATE OF DEATH.

1774 E 39998

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Bolt City Hos St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Moseley

(a) RESIDENCE NO. 1009 Edmonson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1877

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook in a [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) School House

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Charlotte Co Va

PARENTS

10 NAME OF FATHER James Rice

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mary Ogle

(Address) 901 Lynch

DEC 8 1928

15 [illegible] Clarkson Jones, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Sodium Fluoride Poison by mouth In Epsoms Salts accident

(duration) ..... yrs. ..... mos. 6 Hrs.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Hanlon M. D.
(Coroner)

Dec 7, 1928 (Address) 700 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death [illegible] yrs., [illegible] mos., 2 Hrs. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death? Garrison Forest School

Former or usual residence 1009 Edmonson Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Date of Burial Dec 11 1928

20 UNDERTAKER [illegible] ADDRESS [illegible]

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 39999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Argyle Ave ST. 17-23 WARD)

2-FULL NAME Samuel Murray

(a) RESIDENCE NO. 1104 Argyle Ave ST.: WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Murray

6 DATE OF BIRTH (month, day, and year) — — 1883

7 AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Walkersville Md

PARENTS

10 NAME OF FATHER: Samuel Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hester Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm Murray

(Address): 1104 Argyle Ave

Filed [illegible], 19[illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Dec 5, 1925, that I last saw him alive on Dec 5, 1925, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

(a) Broncho pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/7, 1925 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Dec 8 1925

20 UNDERTAKER: Mrs Kate R Williams

ADDRESS 322 N Schroeder

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT CITY OF BALTIMORE

E 50000 — CERTIFICATE OF DEATH. — E 50000

REGISTERED NO. 188-103

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 96-36 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beverly P. Cox, Jr.

(a) RESIDENCE No. 44 Patapsco St.- St. Helena St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia C. Cox

6 DATE OF BIRTH (month, day, and year) Jan. 4, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boat Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Birchville, Va.

PARENTS

10 NAME OF FATHER Beverly P. Cox, Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Kelley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Virginia C. Cox

(Address) 44 Patapsco St. St. Helena

15 Filed DEC 9 1928 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture Parietal Bone Y
Petrous Portion Temporal Bone

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

12/7/28 (Signed) James M Fenlon M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where case contracted, if not at place of death O'Donnell & Wolfe Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial Dec 9 1928

20 UNDERTAKER John F Denny ADDRESS 715 Lisbon St

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40001

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 40001

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 10-14 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tracey Williams

(a) RESIDENCE NO. 720 Harford ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Williams

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Alex

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C.

12 MAIDEN NAME OF MOTHER Charlotte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Relative

(Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 8 1928 C. Harrison Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6-28

17

I HEREBY CERTIFY, That I attended deceased from 12-3 1928 to 12-6 1928

that I last saw him alive on 12-6 1928

and that death occurred, on the date stated above, at 7 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Bilateral

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Path. & X-Ray Findings

(Signed) H. M. Wisch M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harrison S.C.	Dec. 8 1928
UNDERTAKER Clerie N. Johnson 416	ADDRESS N. Carolina St.

WHITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE MUST BE FILLED OUT IN DUPLICATE. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40002

90. E 40002

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 1627

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Johnson

(a) RESIDENCE NO. 42½ Pitt St. ST., Washington D. C. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: Reuben Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): D C

12 MAIDEN NAME OF MOTHER: Emma Beverly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D C

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 [illegible] C. HARRISON JONES M.D. Registrar

DEC 8 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7/28

17 I HEREBY CERTIFY, That I attended deceased from 10/22, 1928 to 12/7, 1928 that I last saw h[illegible] alive on 12/7, 1928 and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH was as follows:

Chr. Myocarditis
Hypertensive Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. M. Stark, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wash D C	12/9 1928
20 UNDERTAKER	ADDRESS
Daniel Fortune	916 Pear

D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-02 E 40003

E 40003

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1809 Linden ave ST. 44-20 (WARD)

2—FULL NAME Solomon Cherkassky

(a) RESIDENCE NO. 1809 Linden ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Deborah —

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 76 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Cherkassky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rivka Aaronoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis
(Address) 1809 Linden ave

15 Filed ... 19 ... Registrar

DEC 3 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/28

17 I HEREBY CERTIFY, That I attended deceased from Sept-15 . 1928 . to Dec-8- . 1928 . that I last saw h[illegible] alive on Dec-28- . 1928 and that death occurred, on the date stated above, at 2.25 p. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): Inanition

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) Herman Seidel, M. D.

19 (Address) 2404 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: 12/9 19 28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40004

CERTIFICATE OF DEATH

E 40004

49

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4009 Liberty Heights ST. Apt. 5-64 WARD)

2—FULL NAME Charles Weiner

(a) RESIDENCE NO. 4009 Liberty Hgts. Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Weiner 1888

6 DATE OF BIRTH (month, day, and year): April 18-1886

7 AGE: Years 40 Months 7 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Weiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael Bloom

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Gertrude Weiner

(Address): 4009 Liberty Heights Ave.

15 Filed DEC 3 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7-1928

17

I HEREBY CERTIFY, That I attended deceased from October, 1927, to Dec. 7, 1928 that I last saw h[illegible] alive on Dec. 7, 1928 and that death occurred, on the date stated above, at 10-P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Lung

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. What test confirmed diagnosis? Biopsy

(Signed) Samuel Wolfson, M. D.

19 (Address) 2444 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hebrew Rem

DATE OF BURIAL: Dec 19 28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40005

CERTIFICATE OF DEATH.

15 E 40005

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4532 Pimlico Road ST., 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Solins

(a) RESIDENCE NO. 4532 Pimlico Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. / ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-2-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Bernard Solins

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Annette Levy

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Bernard Solins (Address) 4532 Pimlico Road

15 Filed DEC 9 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 12 - 4 , 1928 , to 12 - 8 , 1928 ,

that I last saw him alive on 12 - 7 , 1928 ,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) — yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) Herman L Levy , M. D.

, 19 (Address) 3730 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Rum — DATE OF BURIAL 12/9 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40006

CERTIFICATE OF DEATH.

101-60 L

E 40006

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-58 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Golnick

(a) RESIDENCE NO. 4232 Parkheights Ave ST.

WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Golnick

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Bear Golnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Reba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Minnie Golnick

(Address) 4232 Parkheights Ave

15 Filed DEC 3 1928, 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 27, 1928 to December 7, 1928, that I last saw h[illegible] alive on December 7, 1928, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, left lung

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes. Date of December 1, 1928

Was there an autopsy? No.

What test confirmed diagnosis? X-Ray

(Signed) Friedrich Stiby, M. D.

12-7, 1928 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltahrem Cem DATE OF BURIAL 12/9 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65 E 40007

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN'S HOPKINS HOSPITAL ST. 2864 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Krantz

(a) RESIDENCE NO. 4102 Walbrook Rd. ST. Park Balto. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth 35 yrs. mos. ds.
(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Krantz

6 DATE OF BIRTH (month, day, and year) 4/15 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)

PARENTS

10 NAME OF FATHER David Davidore

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Liba —

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Mary Krantz (daughter)
(Address)

15 Filed DEC 3 - 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1928, to Dec 8, 1928, that I last saw h.r alive on Dec 8, 1928 and that death occurred, on the date stated above, at 7:20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Myeloid Leukaemia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood examination

(Signed) C.H. Briggs, M. D.

12/8, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 12/9 1928

20 UNDERTAKER Jack Levis 1439 E Balto ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 40008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Sinclair Lane ST. 1-7 WARD)

2-FULL NAME Maria (Mary) Maltese

(a) RESIDENCE No. 101 S. Robinson ST. 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 28) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stefano Maltese

6 DATE OF BIRTH (month, day, and year) July 4, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Giuseppi Piacentino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Piacentino

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Jenny Toorning

(Address) 2210 Sinclair Lane

15 Filed DEC 9 - 1928 C. HAMPSON JONES, M. D. Registrar

Per Klopf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6 1928

17 I HEREBY CERTIFY, That I attended deceased from 10-27, 1928, to 12-6, 1928

that I last saw her alive on 12-5, 1928

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Brights disease with cardiac hypertrophy

acute cholecystitis - hypertention (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) acute myocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. Spencer M. D.

12-7, 1928 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 10 1928

20 UNDERTAKER Grant V. Liketon

ADDRESS 2815 E. Baltimore St

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40009

CERTIFICATE OF DEATH.

161-001

E 40009

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (Ward) Found in Alley Rear 617 Madison St. St. 11-20 Ward

2-FULL NAME Unknown

(a) RESIDENCE NO. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): Dec 7

7 AGE — Years: — Months: — Days: one — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town): Unknown

(State or country)

14 Informant: N. W. Police Board

(Address)

15 Filed DEC 9 - 1928 C. HAMPSON JONES, M. D. Registrar

3027

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ....yrs. ....mos. one ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signature) H. Leak M. D.

(Address) Park & Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL DEC 8 - 1928

Commissioner Health

MARGIN RESERVED FOR BINDING

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40010 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40010

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 16-37

CITY OF BALTIMORE: (No. ... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Baker

(a) RESIDENCE NO. none ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
76	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Baker

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

11 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 [redacted] C. HARRISON JONES, M. D. Registrar

DEC 6 - 1928 [redacted]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1928 to 12-3 1928

that I last saw him alive on 12-3 1928

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) H. Hitzrot M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS Commissioner Health DEC 8 - 1928

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40011

CERTIFICATE OF DEATH.

101-001

E 40011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 708 N. Carey (St.) (Ward) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Jackson Bond

(a) RESIDENCE. No. 708 N. Carey St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cleveland Bond

6 DATE OF BIRTH (month, day, and year) Jan 30-04

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cafra Co Md

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Minnie Jackson

(Address) 728 N. Carey St

15 Filed DEC 9 - 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 30 1928, to Dec 8 1928, that I last saw h[illegible] alive on Dec 7 1928, and that death occurred, on the date stated above, at 12:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. T. Coleman, M. D.

Dec 8, 1928 Address 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: Dec 12 1928

20 UNDERTAKER: Thos H. Chase & Son — ADDRESS: 1400 Mosher

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40012

CERTIFICATE OF DEATH.

E 40012

49

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1001 Linden Ave St. 11-24 WARD)

2-FULL NAME Charles F Hill

(a) RESIDENCE. No. 1001 Linden Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha A. Hill

6 DATE OF BIRTH (month, day, and year): Unknown 1868

7 AGE: Years 60 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Martha A Hill

(Address) 1001 Lindenave

DEC 9 - 1926

FILED HAMPSON JONES, M. D. Registrar

Per Hill

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 7, 1926, that I last saw him alive on Dec 7, 1926, and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Trainer M. D.

12/8/, 1926 (Address) 1176 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 12-9 1926

20 UNDERTAKER: Sam'l Casselas — ADDRESS: 703 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—2-29-28—L. F. S.—500 Bks.

E 40013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 40013

1—PLACE OF DEATH

REGISTERED NO. 1355

CITY OF BALTIMORE: (No. 3816 Roland Ave. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Wilson Rogers

(a) RESIDENCE NO. 3816 Roland Ave. ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma K. Rogers

6 DATE OF BIRTH (month, day, and year): June 26-1858

7 AGE — Years: 70 | Months: 5 | Days: 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired 5 years

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: John Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs. Emma K. Rogers
(Address) 3816 Roland Ave.

15 Filed DEC 9 - 1928 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Dec 7, 1928.

that I last saw h alive on Dec 6 1928

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

et Chronic nephritis

(doration) — yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(doration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

Dec 7, 1928 (Address) 8429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natore of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec. 10-1928

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 331 Falls Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40014 — CERTIFICATE OF DEATH — 145-001 — E 40014

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. Baltimore Md. St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Dorothy Nicolau

(a) RESIDENCE NO. 2820 Guilford Ave, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of A L. Nicolau

6 DATE OF BIRTH (month, day, and year) May 15th 1898

7 AGE: Years 30 Months 7 ~~Days~~ Months Days 27

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Luther King

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha A Donnall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Husband.

(Address)

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

DEC 9 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Dec 8

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928 to Dec 8, 1928

that I last saw her alive on Dec 8, 1928

and that death occurred, on the date stated above, at 6 38 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia.

Pregnancy Puerperium & influenza

(duration) 2 yrs. 4 hours.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At her home

Did an operation precede death? Yes Date of 12/7/28.

Was there an autopsy? No

What test confirmed diagnosis? By Examination

(Signed) Frank L. Morris, M. D.

19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cem Dec 10 1928

20 UNDERTAKER — ADDRESS

Chas E. Sasse 507 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40015

CERTIFICATE OF DEATH.

44

REGISTERED NO. E 40015

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 (St.) Linden Ave (WARD) 14 20

2-FULL NAME Thomas D. Edmonston

(a) RESIDENCE No. 1414 (St.) Linden Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) City Employee

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leonidas H Edmonston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Leonidas H Edmonston
(Address) 1414 Linden Ave

15 Filed DEC 3 - 1928 19 Registrar

E. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/28 1928 to 12-7-1928 that I last saw him alive on 12-7-1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Hypertension + Rheumatism (duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam X Ray Examination

(Signed) J. Hampton Jones M. D.

12/8 1928 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Dec 10 1928

20 UNDERTAKER Chas. E. Toomey ADDRESS 847 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40016

CERTIFICATE OF DEATH

11-001

E 40016

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 7 N Carrollton Ave (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Child Lyttleton Thompson

(a) RESIDENCE NO. 7 N Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7 1923

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
5	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jefferson Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florella Newberry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Evelyn (Address) 7 N Carrollton Ave

15 DEC 9 - 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1927, to 12-7-, 1928, that I last saw h alive on 12-7-, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raphael Dorsey, M. D.

, 19 (Address) 922 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 10 1928

20 UNDERTAKER John L Fields — ADDRESS 1200 W Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40017

CERTIFICATE OF DEATH

161-002

E 40017

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. Baltimore Md. St. 4-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Shulder

(a) RESIDENCE NO. 320 Fairmount Ave St. Jersey City N.J. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): Dec 8/1928.

7 AGE Years Months Days IF LESS than 1 day hrs. or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Mercy Hosp

(State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Samuel Shulder

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Russia.

12 MAIDEN NAME OF MOTHER: Bertye Butbaum

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Sam. Shulder

(Address): Jersey City N.J.

15 DEC 9 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 8/1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 19 28, to Dec 8, 19 28, that I last saw h[illegible] alive on Dec 8 28, 19, and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Difficult Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No. Exam.

What test confirmed diagnosis? Phy. Exam.

(Signed) A. Ford R. Morris, M. D.

(Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

Date of Burial: 12/9. 19 28

20 UNDERTAKER: Sol Lurman & Bro

ADDRESS 1127 E Balto St

MARGIN RESERVED FOR BINDING

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40018

CERTIFICATE OF DEATH.

74-00 E 40018

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Frederick Road 2871 ST.; WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifton Emory Krebs

(a) RESIDENCE. No. Athol Heights Baltimore ST.; WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Hannah

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Specialties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Jacob E. Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rachael Meade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Dr. Alfred Fundry
(Address) Athol, Catonsville

15 Filed Dec 8 1928, 19 PHR

C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928. to Dec. 7, 1928.

that I last saw him alive on Dec. 7, 1928.

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage-hemiplegia left

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Myocardial weakness

(duration) yrs. 3 mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

(Address) Catonsville, Md.

Dec. 8 1928.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL

Druid Mount Cem. Dec. 10 1928

UNDERTAKER John A. Mitchell & Son ADDRESS 1900 Eutaw Pla.

DEC 8 1928

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40019

CERTIFICATE OF DEATH

E 40019

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave. St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Flaherty

(a) RESIDENCE NO. 316 Park Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7, 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER James Flaherty

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Barker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Philadelphia Pa.

14 Informant Jenkins Memorial Hospital

(Address) 1000 Caton Ave. Balto. Md.

15 Filed DEC 9 - 1928 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 19 28, to Dec 8 19 28, that I last saw h alive on Dec 6 19, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Brown, M. D.

, 19 (Address) 804 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cem Cathedral — Date of Burial 12/11 19 28

20 UNDERTAKER A Kirk — ADDRESS 217 E Saratoga

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40020

CERTIFICATE OF DEATH

74-001

REGISTERED NO. E 40020

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Homestead ST., 9-46 (WARD)

2—FULL NAME Martha C. Fogle

(a) RESIDENCE NO. 1744 Homestead ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Fogle

6 DATE OF BIRTH (month, day, and year) Jan 13 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER McKeever

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Lightner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs Lewis Mattkal
(Address) 1744 Homestead St

15 Filed DEC 3 - 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 6, 1928, that I last saw h[illegible] alive on Dec 6, 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cushane, M. D.

Dec. 1928 (Address) 3000 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	12/10 19 28
20 UNDERTAKER	ADDRESS
D. [illegible]	[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 58-002

REGISTERED No. E 40021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arvilla Blacklock.

(a) RESIDENCE NO. 223 S. Queen ST., WARD York, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William M Blacklock

6 DATE OF BIRTH (month, day, and year) May 20, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs M. Blacklock
(Address) York Penna

15 Filed , 19 HAMILTON JONES, M. D. Registrar

DEC 9 - 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9- 1928

17

I HEREBY CERTIFY, That I attended deceased from October 16, 1928, to December 9, 1928, that I last saw her alive on December 9, 1928, and that death occurred, on the date stated above, at 3:25 a. m.

The CAUSE OF DEATH* was as follows:

Hemolytic Jaundice
(Acquired)

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure. Edema (Myocarditis)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York, Pa

Did an operation precede death? Yes Date of December 6 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory, Clinical, Operation

(Signed) Herman Chor M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill York Pa

DATE OF BURIAL: 12/11 1928

20 UNDERTAKER: W H Cook

ADDRESS: York Pa

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40022

CERTIFICATE OF DEATH.

31 E 40022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 A Donell ST., 11 WARD)

2-FULL NAME Alexander Augustinowicz

(a) RESIDENCE No. 2818 A Donell ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs — mos — ds. How long in U. S., if of foreign birth? 30 yrs — mos — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	38 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Augustinowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Augustinowicz (Address) 2818 A Donell St

15 Filed DEC 9 - 1928 THOMPSON JONES, M. D. Registrar

Par Rush

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1928, to Dec. 6, 1928, that I last saw him alive on Dec. 5, 1928, and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J Kinger M. D.

, 19 (Address) 2617 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem

DATE OF BURIAL Dec 10 1928

20 UNDERTAKER Stephen J Fialkowski

ADDRESS 1422 Fleet St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40023

CERTIFICATE OF DEATH

90

E 40023

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Luzerne ave ST. 6-10 WARD)

2—FULL NAME Catherine Lechthaler

(a) RESIDENCE NO. 119 N. Luzerne Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April-11-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Lechthaler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Klohr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Julia Schaffer

(Address) 119 N. Luzerne St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 3 . 1927 . to Dec 6 . 1928 .

that I last saw her alive on Dec 6 . 19

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Chronic Myocarditis

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Lesion

(Signed) Doctor . M. D.

12/8 . 19 (Address) 301 S Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec. 10 1928
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40024

CERTIFICATE OF DEATH

90 L

E 40024

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2330 E. Eager ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josefkuine Dusek

(a) RESIDENCE NO. 2330 E. Eager ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jamer Dusek

6 DATE OF BIRTH (month, day, and year) Aug. 7-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Czechoslovakia

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Czechoslovakia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Czechoslovakia

14 Informant Annie Dvorsky
(Address) 2330 Eager St.

15 Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

DEC 6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1928 to Dec 7 1928

that I last saw h alive on Dec 7 1928

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows*

Terminal Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lungs

(Signed) [illegible] M. D.

Dec 7 1928 (Address) 2330 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem — DATE OF BURIAL Dec 11 1928

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager St.

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40025

CERTIFICATE OF DEATH.

57 E 40025
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 N. STREEPER STREET St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FRANCES CESKA

(a) RESIDENCE NO. 506 N. MADERIA STREET St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN CESKA

6 DATE OF BIRTH (month, day, and year) JULY 17, 1883

7 AGE	Years	Months	Days 26	IF LESS than 1 day.....hrs. or.....min.
	45	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSEWIFE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) BOHEMIA

PARENTS

10 NAME OF FATHER PETER GREGOR

11 BIRTHPLACE OF FATHER (city or town)

(State or country) BOHEMIA

12 MAIDEN NAME OF MOTHER MARIE SVOBODA

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) BOHEMIA

14 Informant JOHN CESKA.

(Address) 506 N. MADERIA STREET

15 Filed DEC 9 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Dec. 7, 1928, that I last saw her alive on Dec. 7, 1928, and that death occurred, on the date stated above, at 12:00 P.m.

The CAUSE OF DEATH* was as follows)

DIABETES MELLITUS

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. -- mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William J. Rydaniek, M. D.

, 19 (Address) 802 N. KENWOOD AVENUE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer cem — Date of Burial Dec 11 1928

20 UNDERTAKER George W. Zubler — ADDRESS 1737 E Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40026

CERTIFICATE OF DEATH.

49 E 40026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 N. Charles ST., 11-24 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Latimer Waters

(a) RESIDENCE No. 1100 N Charles ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 63 yrs. 6 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Garret D. Waters

6 DATE OF BIRTH (month, day, and year) May-22-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Catonsville Maryland

PARENTS

10 NAME OF FATHER Alex. Gould

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Sarah Symington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Dr. Chas. G. Waters (son)

(Address) 1100 N Charles St.

15 Died DEC 9 - 1928 Registrar HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1922, to Dec 9, 1928, that I last saw h[illegible] alive on Dec 9th, 1928 and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Medullary Tumor of Cord with involvement of Respiratory Center in Medulla (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis Dilatation of Heart (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Neurological tests by expert Neurologist

(Signed) John H. Teles M. D.

, 19 (Address) 1100 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet - Carrolls. Md — DATE OF BURIAL Dec 10 1928

20 UNDERTAKER Edward Moore Co — ADDRESS Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40027

CERTIFICATE OF DEATH

92 E 40027

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1402 Park Ave ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Denmead Levering

(a) RESIDENCE NO. 1402 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Late Robert Levering

6 DATE OF BIRTH (month, day, and year): Dec 7th 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in whirh employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Denmead

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary E Cullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Miss Annie Levering

(Address) 1402 Park Ave

15 Filed DEC 9 - 1928 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1928, to Dec 8th, 1928,

that I last saw her alive on Dec 8th, 1928

and that death occurred, on the date stated above, at 5-10 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Sclerosis

(duration) 5 months mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Hamilton Jr. M. D.

12/10, 1928 (Address) 26 W Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Dec 10th 1928

20 UNDERTAKER: Henry W Jenkins & Sons Co — ADDRESS: Orchard & Calhoun Sts

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40028

REGISTERED NO. 188-002 E 40028

E 40028
1-PLACE OF DEATH

City of BALTIMORE: (No. Broadway & Orleans St St. 14-20 Ward)

2-FULL NAME Effie Lantz Power

(a) RESIDENCE NO. 1418 Eutaw Place St. Ward Iowa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Claude A. Power

6 DATE OF BIRTH (month, day, and year) Jan 6/1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Davis Co., Iowa

PARENTS

10 NAME OF FATHER David Lantz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Frances Schantz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio

14 Informant Ada Lantz

(Address) 2112 F St N.W. Wash., D.C.

15 Filed DEC 9 - 1928 19

C. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac Skull- Thoracic & Abdominal Injuries. Run over by Street car Broadway & Orleans St

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D. (Coroner)

12/9/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pulaski Iowa Date of Burial Dec 9 1928

20 UNDERTAKER Chas. G. Black ADDRESS 742 Wilworth Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 40029

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Edwards

(a) RESIDENCE NO. 502 Cumberland ST., WARD Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Lola Edwards

6 DATE OF BIRTH (month, day, and year): July 24 1882

7 AGE: Years 46 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steredore

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant Marine

(c) Name of employer: S/S Potomac

9 BIRTHPLACE (city or town) (State or country): British West Indies

PARENTS

10 NAME OF FATHER: James Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): British W. I.

12 MAIDEN NAME OF MOTHER: Louise Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Br. W. I.

14 Informant (Address): Patient before death

15 Filed 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/31 1928 to 12/8 1928

that I last saw him alive on 12/8 1928

and that death occurred, on the date stated above, at 4:15 P.m.

The CAUSE OF DEATH* was as follows:

Popliteal Aneurism

Luetic in origin

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 11-26-28

Was there an autopsy? No

What test confirmed diagnosis? Operation & physical findings

(Signed) R. R. Stalb, M. D.

12/8 1928 (Address) U S Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Returning to sea [illegible] (DATE OF BURIAL) Dec 10, 28

20 UNDERTAKER: Frank L. Stevenson (ADDRESS) 578 Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

EC 10 1928

Spec.--1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40030

CERTIFICATE OF DEATH.

57

E 40030

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 E. Eager ST. 10-14 WARD)

2-FULL NAME Agnes Roche

(a) RESIDENCE NO. 800 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J Roche

6 DATE OF BIRTH (month, day, and year): Not Known 1870

7 AGE: Years 58 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Thomas Hartis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Dennis Roche

(Address) 800 E. Eager St.

15 Filed DEC 10 1928, 19 Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Dec 7, 1928, that I last saw h Sr alive on Dec 6, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Diabetes mellitus

duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benjamin Wiggs, M. D.

12/4 1928 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Dec 11, 1928

20 UNDERTAKER: Edward W. Conklin

ADDRESS: 924 E. Eager St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40031

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elmer Figgs

(a) RESIDENCE NO. Glyndon Md ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 24 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1927

7 AGE Years 1 Months 6 17 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Lewis

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Martha Jefferson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... Per ..... Registrar

C. HAMILTON JONES, M. D.

EC T01928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Dec 8, 1928, that I last saw h. alive on Dec 8, 1928 and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, acute, disseminated with tuberculous ulceration intestines, mesenteric glands, tuberculosis liver.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dr. Wm. DeLong, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Grove Cemetery — DATE OF BURIAL: Dec 10 1928

20 UNDERTAKER: H. F. Cline — ADDRESS: Westminster Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40032 — PLACE OF DEATH

REGISTERED NO. E 40032

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No. 730 Dolphin St. (WARD) 17-24

2-FULL NAME Susie A. Freeland

(a) RESIDENCE No. 730 Dolphin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Freeland

6 DATE OF BIRTH (month, day, and year): Apr 1861

7 AGE: Years 67 Months 8 Days — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Geo. Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Estella Foot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Alvesta Tilley

(Address): 730 Dolphin St

15 Filed: DEC 10 1928 Registrar: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Dec 8, 1928

that I last saw her alive on Dec 8th 1928

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 24 ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Barney F Burns, M. D.

(Address) 110 Peuna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel — DATE OF BURIAL: Dec 11th 1928

20 UNDERTAKER: Clarence E Wright — ADDRESS: 1611 Mary

P. S.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 40033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40033

101-00

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Kell.

(a) RESIDENCE NO. 1427 N Fairmount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/9/28

7 AGE	Years	Months 8	Days 28	If LESS than 1 day, ...hrs. or....min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Percy Kell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Marie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 19 28, to Dec 7, 19 28,

that I last saw her alive on Dec 7, 19 28

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) F. C. Goodwin, M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wavery cemetery	Dec 10 19 28
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans st

EC 101928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40034

CERTIFICATE OF DEATH. X 37

E 40034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. ... ST. 22-23 WARD)

2-FULL NAME Robert G. Johnson

(a) RESIDENCE No. 20 Church St., Baltimore, Md ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 10 1928

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster dredger

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer Sch. J. T. Knowles

9 BIRTHPLACE (city or town) Chattanooga

(State or country) Tenn.

PARENTS

10 NAME OF FATHER Andrew Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Alice Woods

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Tenn.

14 Informant Records, U.S. Marine Hospital

(Address)

15 Filed C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 19 28

17

I HEREBY CERTIFY, That I attended deceased from September 24, 19 28, to December 7, 19 28,

that I last saw him alive on December 7, 19 28,

and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, chronic, active

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & clinical findings

(Signed) [illegible] M. D.

Dec 7, 1928 (Address) U.S. Marine Hospital, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Dec 10 19

20 UNDERTAKER E. Roy Stifler

ADDRESS 1249 North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

CERTIFICATE OF DEATH

E 40035

1—PLACE OF DEATH B 40035 REGISTERED NO.

CITY OF BALTIMORE: (No. 1333 Sargeant ST., 7-1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Francis Gill

(a) RESIDENCE NO. 1333 Sargeant ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, or Divorced, (~~write~~ the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John R. Gill

6 DATE OF BIRTH (month, day, and year): April 17 185-

7 AGE: Years 73 | Months 7 | Days 20 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ado

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Haley Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs Hebe J. Schutte

(Address) 1333 Sargeant St.

15 Filed ..., 19 ... Registrar

C. HAMPTON JONES, M. D.

DEC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 7, 1928

that I last saw h alive on 12-7-28, 19

and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Cardiac Insufficiency

CONTRIBUTORY (Secondary) Grippe (duration) yrs. mos. 7 ds.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mayford Dann, M. D.

19 (Address) 227 Mosher Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 10 1928

20 UNDERTAKER: Jos Joerdens. Son — ADDRESS: 217 S. Bro...

IMPORTANT: Should be carefully supplied. Any answer that may be given to any question on this certificate may be of importance. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40036

CERTIFICATE OF DEATH

1190 E 40036

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Miss Kelley.

(a) RESIDENCE NO. 1428 Hollins Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 (a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Joseph Miss Kelley

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: BALTIMORE CITY HOSPITALS (Address) [redacted]

15 [redacted] M. D.

Registrar

DEC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/5/28

17 I HEREBY CERTIFY, That I attended deceased from 11/13, 1928, to 12/5, 1928, that I last saw h[e] alive on 12/5, 1928, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy Empyema

Chronic Myocarditis

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [redacted] M. D.

BALTIMORE CITY HOSPITALS

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: Dec 10th 1928

20 UNDERTAKER: Leo S. Cook

ADDRESS: 1723 Pratt St

Information should be carefully supplied. Any error should be stated EXACTLY. Where any question of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40037

CERTIFICATE OF DEATH.

183 E 40037

25-77

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Harman.

(a) RESIDENCE NO. Shore, Curtis Bay, City. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ——— mos. ——— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) June 24, 1911.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER John H. Harman.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Lillie M. King.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frederick Co. Md

14 Informant John H. Harman. (father)

(Address) Shore, Curtis Bay, City.

15 Filed C. HAMILTON JONES, M. D.

Per ——— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental gun shot wound of the abdomen while gunning, self inflicted,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ——— M. D. (Coroner)

12/6 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Grundel Cove. U. U. Co. Md Dec. 5, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Church Cem. Co. Date of Burial Dec 10 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

DEC 10 1928

NOTICE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40038

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 40038

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 1221 Oakhurst Place St. 16-67 Ward

2-FULL NAME Wm Joseph Lesley

(a) RESIDENCE No. 1221 Oakhurst Place St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 14 - 1928

7 AGE Years 0 Months 10 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edwin J. Lesley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ann M. Boyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edwin J. Lesley
(Address) 1221 Oakhurst Place

15 [illegible] C. HARRISON JONES, M. D.
Registrar

DEC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17 I HEREBY CERTIFY, That I attended deceased from November 29, 1928, to December 8, 1928, that I last saw him alive on December 8, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secundary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs, Clinical

(Signed) H. K. Mahan M. D.

, 19 (Address) 1129 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 12-10-1928

20 UNDERTAKER H. Brammer & Son — ADDRESS 1136 Poplar Grove St

E

16.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40039 88 E 40039

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Penna. Ave ST.) WARD) 14-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emily de Shields

(a) RESIDENCE NO. 2220 Penna. Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Siogle, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Griffin

6 DATE OF BIRTH (month, day, and year) Mar 15, 1882

7 AGE	Years	Months	Days	If LESS thao 1 day, hrs. or min.
	46	8	20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, busioess, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Sam De Shields

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Dora Higgins

(Address) 2220 Penna. Ave

15 Filed DEC 10 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 '28.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Dec 6, 1928, that I last saw h e alive oo Dec. 6, 1928 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Acute Hypertension

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secoodary) Acute Myocarditis

(duration) yrs mos. 1 ds.

18 Where was disease cootracted if oot at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) W. L. Berry, M. D.

19 (Address) 1420 E Chase

*State the Disease Causing Death, or in deaths from Violeot Causes, state (I) Meaos and Nature of Iojury, aod (2) whether Accideotal, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. Lakeny	Dec 10 1928
20 UNDERTAKER	ADDRESS
Mrs. P. G. Elliott	1715 Eutaw

maiion should be carefully supplied. AGE should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40040

CERTIFICATE OF DEATH.

101-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 556 W. Conway St. 22-30)

2-FULL NAME Will A. Davis

(a) RESIDENCE NO. 556 W. Conway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Marrird

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Heneratta Davis

6 DATE OF BIRTH (month, day, and year) June 15 - 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ga

PARENTS

10 NAME OF FATHER James E. Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Ella P. Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga

14 Informant Mrs. H. Davis

(Address) 556 W. Conway St

15 Filed DEC 10 1928 THOMPSON JONES, M. D.

For Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Talbert M. D.

(Coroner)

12/6, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial 12-10 1928

20 UNDERTAKER Joseph A. Sivis ADDRESS 409 N. Mount

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 40041

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 40041

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1902 N. Patterson Pk 8-16 St., Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Beaver

(a) RESIDENCE NO. 1902 N. Patterson Pk St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 29 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 11 28

7 AGE: Years _____ Months _____ Days 29

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto.

PARENTS

10 NAME OF FATHER Ernest Beaver

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Stach

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto

14 Informant Ernest Beaver

(Address) 1902 N Patterson Pk

15 Filed _____, 19 _____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 1928, to Dec 28 1928, 19 _____

that I last saw h..... alive on Dec 28, 19 28,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) F. C. Burgee M.D.

(Address) 1902 N Patterson Pk

Dec 9 28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 10 1928

20 UNDERTAKER: Frank Brackbon — ADDRESS: 1806 Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40042

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 707 N. Glover ST., 7-12 WARD)

2—FULL NAME John Wm Helbing

(a) RESIDENCE NO. 707 N. Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Magdelena Helbing

6 DATE OF BIRTH (month, day, and year) Nov 11/48

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	—	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed 061

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant + Miner

(c) Name of employer Steamboat Co. Police

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Helbing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs Eva Kaiser

(Address) 707 N. Glover St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Dec 8, 1928

that I last saw him alive on Dec 8 20 1928

and that death occurred, on the date stated above, at 4 — m.

The CAUSE OF DEATH* was as follows:

Uraemia — 3 days.
Chronic Nephritis } 2 years
Arteriosclerosis — }

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema — 3 yrs?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical + urine

(Signed) Louis F. Krumm, M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Matthews	11/11 1928
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

mation should be carefully supplied. Write plainly. Avoid abbreviations. The Certificate OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EC 10 1928 HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40043 HEALTH DEPARTMENT—CITY OF BALTIMORE

135 E 40043

CERTIFICATE OF DEATH

REGISTERED NO. 20-26

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1923 Mc Elderry ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel W. Sutton

(a) RESIDENCE NO. 1923 Mc Elderry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura V. Sutton

6 DATE OF BIRTH (month, day, and year): Aug 1/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce 066

(b) General nature of indostry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Samuel Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Laura V. Sutton
(Address): 1923 Mc Elderry St.

15 Filed DEC 10 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Dec 7, 1928

that I last saw h[illegible] alive on Dec 7 1928

and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate (Benign)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Acute Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 10-1928

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Cook M. D.

12/9, 1928 (Address) 413 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London P K Cem	Dec 10, 28
20 UNDERTAKER	ADDRESS
Philip Sterry	2016 Orleans St.

ATION should be carefully supplied. Accurate answers to questions OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40044

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1902 Orleans ST., 64 WARD)

2—FULL NAME Blanche Anna Coan

(a) RESIDENCE NO. 1902 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis L. Coan

6 DATE OF BIRTH (month, day, and year) Nov 7-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Born

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Laura Berry

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Francis Coan
(Address) 1902 Orleans

15 Filed DEC 10 1928 WILLIAMSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8-1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Dec 8, 1928, that I last saw h alive on Dec 8, 1928, and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Coan M. D.

12/9, 1928 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W.M. Carmel Cem	Dec 11 1928
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

mation should be carefully supplied. Avoid ambiguous words. Write plainly in ink. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40045

E 40045

CERTIFICATE OF DEATH.

21-31

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No.) Baltimore, Md. (ST.) 21-31 (WARD)

2-FULL NAME Robert Brooks

(a) RESIDENCE NO. 904 Russell St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal passer

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer S.S. "Eastern Shore"

9 BIRTHPLACE (city or town) St. Mary's Co.
(State or country)

PARENTS

10 NAME OF FATHER David Brooks

11 BIRTHPLACE OF FATHER (city or town) Charles Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Gross

13 BIRTHPLACE OF MOTHER (city or town) Charles Co.
(State or country) Maryland

14 Informant Records, U.S. Marine Hospital
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1928, to December 7, 1928, that I last saw him alive on December 7, 1928, and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic, active

(duration) yrs. 4 mos. 22 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Laboratory & clinical findings

(Signed) Houston G. Toler M. D.

12/8, 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 1, 1928

UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3 1-2 N. Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully given. Would be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HARRISON JONES M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40046 — **CERTIFICATE OF DEATH** — 164 — **E 40046**

1—PLACE OF DEATH Aged Womens Home — REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. 1400 W Lexington ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Annie B Norris

(a) RESIDENCE NO. 1400 W Lexington ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs John Baker

(Address) 506 E Lanvale Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

DEC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Dec 9, 1928, that I last saw her alive on Dec 8, 1928 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Senility,
Malnutrition

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Geo. D. Rowe, M. D.

, 19 (Address) 1115 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. — DATE OF BURIAL Dec 10 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

DEATH should be certified, and CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

BARTNICK 122-00 E 40047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40047

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balt City Hospital St. 3-5 Ward)

2-FULL NAME Christina Bartnick

(a) RESIDENCE NO. 112 Albemarle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bartnick

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse maid

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Jos Rogers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania

14 Informant John Rogers

(Address) 701 Westwood Rd

DEC 10 1928

Filed [illegible] HARRISON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hypertrophic Cirrhosis of Liver

(duration) 6 yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Paulson M. D. (Coroner)

12 10 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Dec 11. 1928

20 UNDERTAKER John Grebliauckas ADDRESS 4283 Pulaski

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Reitzel 2227 W Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40048

CERTIFICATE OF DEATH

1929

E 40048

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2623 Woodbrook Ave ST., 12-59 WARD)

2—FULL NAME Margaret M. Martin

(a) RESIDENCE NO. 2623 Woodbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 9 mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nuriam H. Martin

6 DATE OF BIRTH (month, day, and year) Feb 15, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Washington Long.

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Howard Martin

(Address) 2130 W. Fulton Ave

15 Filed DEC 19 1928 CAMPBELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23rd, 1928, to Dec. 8th, 1928, that I last saw h.. alive on Dec. 7th, 1928 and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual Routine

(Signed) Elbert C. Reitzel, M. D.

, 19 (Address) 2227 W. Fulton Ave Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	12/10 1928
20 UNDERTAKER	ADDRESS
W. M. Cook	1217 E. Fayette St

IMPORTANT—The Attorney Supplying Information Should Be Careful That Every Item Is Correctly Answered. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Every Certificate of DEATH in plain terms, so that it may be properly classified.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 40049 HEALTH DEPARTMENT—CITY OF BALTIMORE

KOEHINLEIN

E 40049

CERTIFICATE OF DEATH.

315

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1675 Cliftview ave STREET 8-45 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Kochenlein

(a) RESIDENCE. No. 1675 Cliftview Ave ST.,

(Usual place of abode) WARD.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 27-1910.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Wm Kochenlein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Virginia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harrisburg Pa

14 Informant (Address): Mrs. Virginia Brown Kochenlein 1675 Cliftview ave

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

EC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-7- 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-30-28. 19 , to 12-7- 1928

that I last saw h[illegible] alive on 12-7- 1928

and that death occurred, on the date stated above, at 830 P- m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(duration) yrs. 10 mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Abner Barden M. D.

12/8. 1928 (Address) 1517 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: 12/11 1928

20 UNDERTAKER: W. M. Cook — ADDRESS: 42 75 Park

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40050

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Forest Park ave ST., 15-67 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sohie Isaacs

(a) RESIDENCE NO. 4101 Forest Park ave ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth 45 yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Isaacs

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 61 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Shapiro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Louis

(Address) 1439 E Balto st

15 Filed DEC 10 1928, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 9, 1928, that I last saw her alive on Dec 9, 1928, and that death occurred, on the date stated above, at 10:25 PM

The CAUSE OF DEATH* was as follows:

arteriosclerosis - myocarditis -

duration from history 1 yr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris - ~~syphilis~~

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S Tibbett, M. D.

Dec 10 1928 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hessen Rum — DATE OF BURIAL: 12/10 1928

20 UNDERTAKER: Jack Louis — ADDRESS: 1439 E Balto st

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40051

CERTIFICATE OF DEATH

129 E 40051

1—PLACE OF DEATH Sinai Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. E. Monument ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Edlavitch

(a) RESIDENCE NO. 90 E. Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Edlavitch

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Balt St.

Filed DEC 10 1928, 19

HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 9, 1928, that I last saw h im alive on Dec 9, 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy
Chronic Interstitial Nephritis

(duration), yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Uremia
Broncho-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. & clinic

(Signed) Ernest Edlavitch M. D.

12/9, 1928 (Address) 1401 Broadfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Rest	12/10, 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Bks.

40052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 40052

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 346 (St.) London Ave (WARD) 70-71

2-FULL NAME Wm J Palaston

(a) RESIDENCE NO. 346 (Usual place of abode) London Ave St., WARD

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 8, 1927

7 AGE: Years 1 | Months | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thos L Palaston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Marcha L Drury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Thos L Palaston (Address) 346 London Ave

15 Filed 1928 HAMPSON JONES, M.D. Registrar

DEC 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from 12. 9. 1928, to 12. 9. 1928.

that I last saw him alive on 12. 9. 1928.

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) Apparently 7 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) J. Edward Norris M. D.

12. 9. 1928 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 12/11 1928

20 UNDERTAKER: George A Fahey — ADDRESS: Sudbrook Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40053

CERTIFICATE OF DEATH

161-001

E 40053

1—PLACE OF DEATH Union Memorial Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd St., 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Wisner, Jr.

(a) RESIDENCE NO. 805 W. 38th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widnwed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	17	

8 OCCUPATION OF DECEASED

(a) Trade, prnfession or particular kind of work None.

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Herman Wisner

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy Locker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Hospital Records.

(Address)

15 Filed DEC 10 1928 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1928, to Dec 10, 1928, that I last saw h— alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 6 52 a. m.

The CAUSE OF DEATH* was as follows:

Acute myocardial insufficiency

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Prematurity (7 mos)

(duration) yrs. 4 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autnpsy? No

What test confirmed diagnosis?

(Signed) H. Berry Baty, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side fnr additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Dec 11, 1928
20 UNDERTAKER	ADDRESS
Edmondson	1605 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40054 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40054

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 617 S Bethel ST., 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alfred F. Kowaczyk

(a) RESIDENCE NO. 617 S Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Child

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 1927

7 AGE — Years: 1 — Months: 2 — Days: 5 — If LESS than 1 day, hrs. or.. min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bab

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Stephen Kowalczyk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Lucie Kowarek

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: S. Kowalczyk

(Address) 617 S Bethel

15 Filed DEC 10 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7/28

17 I HEREBY CERTIFY, That I attended deceased from 12/6, 19 28, to 12/7, 19 28

that I last saw h alive on 12/6, 19 28

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchitis 4

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Asthma & Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sym & Symptoms

(Signed) [illegible], M. D.

19 (Address) 625 E North Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary — DATE OF BURIAL: Dec 11 1928

20 UNDERTAKER: F W Ozog[illegible] — ADDRESS: 1930 [illegible]

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40055

118-1001
118-E 40055

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anna Seton

(a) RESIDENCE NO. 1817 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mayor Henry Seton

6 DATE OF BIRTH (month, day, and year): November 3 1851

7 AGE: Years 77 Months 1 Days 6. IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Gen John Fabir

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Nashua. N. H.

12 MAIDEN NAME OF MOTHER: Mary Moale

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Frances G Hill

(Address): 1812 Eutaw Pl. - Md

15 Filed DEC 10 1928 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9/28 19

17 I HEREBY CERTIFY, That I attended deceased from 11/20/28, 19, to 12/9/28, 19,

that I last saw her alive on 12/9/28, 19,

and that death occurred, on the date stated above, at 11 30 A.M. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 12/1/28

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J S Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 12-12-1928

20 UNDERTAKER: Henry W. Jenkins & Son Co ADDRESS: Orchard & Calhoun

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40056

CERTIFICATE OF DEATH.

101-001

E 40056
REGISTERED NO.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Toomey

(a) RESIDENCE NO. 2401 E. Oliver ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) - - 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John J Toomey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leila V Toomey
(Address) 2401 E Oliver St

15 Filed DEC 10 1928 HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 7, 1928,

that I last saw him alive on Dec 7, 1928,

and that death occurred, on the date stated above, at 2.25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. Mosena, M. D.

, 19 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	12/10/28
20 UNDERTAKER	**ADDRESS**
G F Zahey & Sons	1318 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40057 ✓ E 40057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 13-59 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Grossman

(a) RESIDENCE NO. 2006 Pontfield Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND (or) WIFE of Joseph Grossman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Velva Silver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sital —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Grossman

(Address) [illegible]

15 Filed DEC 10 1928 C. HAMILTON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8 1928

17

I HEREBY CERTIFY, That I attended deceased from 12. 7 .1928. to 12. 8 .1928.

that I last saw her alive on 12. 8 .1928,

and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Lt. Upper Lobe

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. S. Rubenstein, M. D.

12/8. 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mach Kood

DATE OF BURIAL 12/10 1928

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balt St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 ✓

E 40058

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 S. Grundy ST., or 7 Mt. 26 WARD) 76-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Paul Tliert

(a) RESIDENCE NO. 632 S. Grundy ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 3 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug. 11th 1897

7 AGE Years	Months	Days 27	If LESS than 1 day, hrs. or min.
31	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Seaboard Building

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Tliert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Amelia Schober

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Amelia Tliert (Mother)
(Address) 632 S. Grundy St.

15 Filed DEC 10 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8th/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 19 26, to Dec. 8th, 19 28,
that I last saw h— alive on Dec 7th, 19 28
and that death occurred, on the date stated above, at 9 a c m.

The CAUSE OF DEATH* was as follows:

Tuberculer Laryngetis

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) Michael A Abrams, M. D.

, 19 (Address) 736 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Dec 11th 1928

20 UNDERTAKER Lilly & Zeiler Inc. — ADDRESS 403 S. Wolfe St

DEC 10 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Budzynski

HEALTH DEPARTMENT—CITY OF BALTIMORE

104-002 ✓

40059

CERTIFICATE OF DEATH

E 40059

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

CITY OF BALTIMORE: (No. Michael Budzynski ST., WARD)

2—FULL NAME Michl Zudinski

(a) RESIDENCE NO. 1809 Lancaster ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Budzynski

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address)

15 Filed DEC 10 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/28

17 I HEREBY CERTIFY, That I attended deceased from 11/27/28 to 12/7/28 that I last saw him alive on 12/7/28 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cancer to Groin
of 3 month.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer Prostate

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) W. J. Stuck M. D.

12, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	Dec 11 1928
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Amity St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40060

CERTIFICATE OF DEATH.

X 74 E 40060

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Church Home & Infirmary ST., WARD)

2-FULL NAME Miss Elizabeth Rice

(a) RESIDENCE NO. Belair, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 2 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) School.

(c) Name of employer

9 BIRTHPLACE (city or town) Madison Co (State or country) N.Y.

PARENTS

10 NAME OF FATHER Carlton Rice

11 BIRTHPLACE OF FATHER (city or town) Madison Co (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Rhoda Klinck

13 BIRTHPLACE OF MOTHER (city or town) Oxford Co (State or country) N.Y.

14 Informant Miss Flora Rice

(Address) P 3457 Q & 109 Georgia Connecticut Ave

15 Filed DEC 10 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17

I HEREBY CERTIFY, That I attended deceased from November 20, 1928 to December 8, 1928

that I last saw her alive on December 8, 1928

and that death occurred, on the date stated above, at 2 25 p m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Vernon H. Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec. 10 1928

20 UNDERTAKER Hughes Jones Inc — ADDRESS 1421 W Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40061 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40061

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-30 WARD

2-FULL NAME Cyrus L Logan

(a) RESIDENCE NO. 416 W Camden ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	45	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER George W. Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Schade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Harry Ammerman

(Address) Riverdale, Md.

15 Filed DEC 10 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1928, to Dec 7, 1928, that I last saw h[illegible] alive on Dec. 7, 1928, and that death occurred, on the date stated above, at 8 [illegible] 7 m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) acute alcoholism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) Charles E. Hill M. D.

12/13 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Williamsport Pa. DATE OF BURIAL: 12/12/28

20 UNDERTAKER: Harry N. Witzke ADDRESS 1531 N. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40062

CERTIFICATE OF DEATH

89

E 40062

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 115 S. Gilmor ST., 14-28 WARD)

2—FULL NAME Lewis A. Miller

(a) RESIDENCE NO. 115 S. Gilmor ST., WARD
(Usual place of abode) 50
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara J. Miller (nee Porter)

6 DATE OF BIRTH (month, day, and year) August 14, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired, Amusement buisnes

(b) General nature of Industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Josiah Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Lena Camp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Clara J. Miller

(Address) 115 S. Gilmor St.

15 Filed DEC 10 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 17, 1927, to Dec 8, 1928, that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 10.05 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs 0 mos 15 Min

CONTRIBUTORY (Secondary) Aterio sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marion Miller M. D.

12/9, 1928 (Address) 108 N Dulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec. 11, 28. 19

20 UNDERTAKER Harry N. Witzke

ADDRESS 153 W Lanvale St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40063

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

91 09 2

E 40063

12-50

REGISTERED NO.

City of BALTIMORE: (No. 2627 Guilford Ave. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Lusk Oster.

(a) RESIDENCE NO. 2627 Guilford Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Oster.

6 DATE OF BIRTH (month, day, and year) February 23rd. 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Oster.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Sarah E. Lusk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant J. W. Oster.

(Address) 2627 Guilford Ave.

15 Filed C 10 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9th. 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Corner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery, Date of Burial 10/11 1928

20 UNDERTAKER Chas. L. Evans & Son ADDRESS 1180 N. Royal Ave

If the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40064

CERTIFICATE OF DEATH.

E 40064

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 922 W. University Parkway St., 11 Ward)

2-FULL NAME Richard James Leopold

(a) RESIDENCE NO. 1125 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth C. Leopold

6 DATE OF BIRTH (month, day, and year) August 31 st 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	57	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sales-Manager
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Heinrich Leopold

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza C. Dobree

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Holland

14 Informant Elizabeth C. Leopold
(Address) 223 E. Preston St.

15 [illegible] 19 G. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquiry find that said deceased came to his death
(Inquest, autopsy or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Duration) Instant. yrs. mos. ds.
Contributory Cause from Arteriosclerosis
(Duration) Unknown yrs. mos. ds.

Dec 18 1928
Signed G. Hampson Jones M. D.
(Coroner)
19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Date of Burial 12/11 1928

20 UNDERTAKER: Chas. F. Brand & Son ADDRESS 18 W. Mt. Royal

B.—WRITE PLAINLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

105838

Spec.—1-10-21—M&T—1500 Bks.

E 40065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40065

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N Bentalou ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maranna Liberto

(a) RESIDENCE No. 1823 N Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Giovannario Liberto

6 DATE OF BIRTH (month, day, and year) Nov 11-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	—	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at h

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Pasquale Liberto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Z

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonio Liberto

(Address) 1823 N Bentalou

C 10 1928 C. HAMPSON JONES, M. D.

, 19 Registrar

Per ORH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-9, 1928, to 12-9, 1928, that I last saw h alive on 12-8, 1928, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Primal arteriosclerosis with hypertension & chronic myocarditis. (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) S. Demaro, M. D.

12-10 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 12/11 1928

20 UNDERTAKER Wm Rentzon ADDRESS 1238 W North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN is also CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40066

100-001

E 40066

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leonard McNamara

(a) RESIDENCE NO. 1308 N. Hilla ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months: 3 wks | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None — 100

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Leonard McNamara

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 DEC 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

C 107928 (302)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 8, 1928, that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) James A. Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19 DEC 10 1928

20 UNDERTAKER: Commissioner Health

ADDRESS

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Mary Trent)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40067

95 E 40067

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1830 Ashland Ave. (Ward) 7-13

2-FULL NAME Elizabeth Trent

(a) RESIDENCE NO. 1830 Ashland Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced. (write the word): Married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ollie Trent

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1903

7 AGE: Years 25 Months 0 Days 21 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Cumberland Co. Va

PARENTS

10 NAME OF FATHER: Merritt Hatcher

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va.

12 MAIDEN NAME OF MOTHER: Eliza Allen

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant: Ollie Trent

(Address) 1830 E. Eager St.

C. HAMPSON JONES, M. D.

Dec 10 1928

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to death (Inquest, Autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows*

Cardiac Failure - Stroke

Portable Intra abdominal Hemorrhage - Cause undetermined

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. ..... mos. ..... ds.

(Signed) J. Scott Allen M. D.

(Coroner)

Dec 10, 1928 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Farmville Va.

Date of Burial: 12/10/28

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: Eastland Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 10 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40068 ✓ 203 × 188 E 40068

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No) Mun Mem Hosp St. 12-49 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Moss Alexander

(a) RESIDENCE NO. Eccleston Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31 1910

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	18	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Charles B. Alexander

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Madge Moss

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Charles B. Alexander

(Address) Eccleston Md

15 Filed C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death in the day stated above.

The CAUSE OF DEATH was as follows:

Auto Acc

Fracture of Skull

(Duration) yrs. mos. 2 hrs

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 2 hrs

Dec 10 1928 (Signed) G C Slader (Coroner) M. D.

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Thomas Garrison b & Dec 11 1928

20 UNDERTAKER ADDRESS

Henry H Jenkins Sons Co Eutaw & Lafayette

DEC 10 1928

Please answer all questions. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

220428 E 40069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40069

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John C. Kessler

(a) RESIDENCE NO. 2029 Jefferson ST. E. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary E.

6 DATE OF BIRTH (month, day, and year): Nov 7 1880

7 AGE: Years 47 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): USA

PARENTS

10 NAME OF FATHER: Adam Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 C. HAMPSON JONES, M. Registrar

C 10 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 8, 1928, that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 9 40 a m.

The CAUSE OF DEATH* was as follows:

Rheum Heart Disease

Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Sidney A Gladstone, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: Dec 11 1928

20 UNDERTAKER: Wm E Fullerton 2334

ADDRESS: Jefferson St

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40070

CERTIFICATE OF DEATH.

46 E 40070

REGISTERED NO.

1-PLACE OF DEATH Church Home + Inf. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Broadway + Fairmount St 6-10 WARD)

2-FULL NAME Mrs. Dora Hoester

(a) RESIDENCE NO. 106 N. Belnord Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rosati

6 DATE OF BIRTH (month, day, and year): April 9-1894

7 AGE: Years 34 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Church Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Herman Doesling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Lowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William Lowman

(Address): 106 N. Belnord

15 Filed C 10 1928 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/ 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 8, 1928, that I last saw her alive on Dec 8, 1928 and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Epilepticus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Abdominal Hemorrhage 2 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/5/28

Was there an autopsy? no

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) John Mace Jr. M. D.

, 19 (Address) Church Home Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gorsuch Park Cem

DATE OF BURIAL: Dec 11 1928

20 UNDERTAKER: Jas E. Fuller & Son

ADDRESS: 2334 W Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40071

CERTIFICATE OF DEATH.

129 **E 40071**

1-PLACE OF DEATH

City of BALTIMORE: (No. 2200 E. Hoffman St., 8-16 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter R. Sandrock

(a) RESIDENCE NO. 2200 E. Hoffman St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katherine B. Sandrock

6 DATE OF BIRTH (month, day, and year) May 1, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	46	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. Wm. C. Sandrock

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Wagner

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Katherine B. Sandrock

(Address) 2200 E. Hoffman St.

Filed ..... 19..... C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1927, to Dec. 7, 1928

that I last saw him alive on Dec. 7, 1928

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) Old yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) Old yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar F. Sandrock, M. D.

, 19 (Address) Medical arts Building.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cem. Dec. 11 1928

20 UNDERTAKER — ADDRESS

Wm. C. Black 927 N. Broadway

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 10 1928

Spec.—1-10-21—M&T—1500 Bks.

E 40072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40072

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Eastern Ave ST. 2-d WARD)

2-FULL NAME Mrs. Emma Adamski

(a) RESIDENCE NO. 1723 Eastern Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. John Adamski

6 DATE OF BIRTH (month, day, and year): June 29 1894

7 AGE: Years 34 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 37

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Jacub Demski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Lucy Piekarska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: John Adamski

(Address): 515 S. Belnord Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1928, to Dec. 8, 1928,

that I last saw her alive on Dec. 8, 1928,

and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood chemistry

(Signed) Earle P. Clemson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Rec

DATE OF BURIAL: 11 1928

20 UNDERTAKER: John M Weber

ADDRESS: 4016 Chester Ave

DEC 10 1928 G. HAMPSON JONES, M. D. Registrar

Per Asst

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40073

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 417

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (WARD) 7-4

2-FULL NAME Edwin Stachurski

(a) RESIDENCE No. 423 South Ann St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3 2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Florist

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephen Stachurski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Julia Tomaszkiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Julia Stachurski

(Address) 423 S Ann St.

15 Filed C 10 1928 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 12 - 2, 1928, to 12 - 8, 1928, that I last saw him alive on 12 - 8, 1928 and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-2-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Rec. DATE OF BURIAL 12 1928

20 UNDERTAKER John M Weller ADDRESS 401 N Chester 120

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

154-002 L

E 40074

E 40074

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ruth Peters

(a) RESIDENCE NO. 1417 Gough St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Augustv 14, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lee Peters

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Niles

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Florida

14 Informant Hopkins Records

(Address)

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Conenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) John Pue M. D.

(Coroner)

12/10/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mathews Dec Date of Burial 11 1928

20 UNDERTAKER John M Weber ADDRESS 701 E Chester

C 10 1928

G HAMPSON JONES M D

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40075

46 E 40075

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1840 W. Fairmount Ave ST. 70-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Reginia M Ochsenkiel

(a) RESIDENCE NO. 103 N Payson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernard Ochsenkiel

6 DATE OF BIRTH (month, day, and year) 9/3/1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ----------

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Zeitler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ernest Ochsenkiel

(Address) 103 N. Payson St

15 Filed DEC 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th, 28.

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 8, 1928, that I last saw her alive on Dec 8, 1928, and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L Kelly Fleming, M. D.

12/10, 1928 (Address) 2000 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 11, 1928
20 UNDERTAKER	ADDRESS
F. B. Wippert,	1850 W. Baltimore St.

C 10 1928

IMPORTANT. See instructions on back of certificates. OF DEATH in plain terms, so that it may be proper,

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40076

E 40076

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 20-69 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Carl E ~~Broyles~~ Broyles

(a) RESIDENCE NO. 2677 St. Benedict ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs — mos — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda C Heintz

6 DATE OF BIRTH (month, day, and year): Sept 23, 1897

7 AGE: Years 31 Months 2 Days 17 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Italian Tapioca
(c) Name of employer: Co 073

9 BIRTHPLACE (city or town) (State or country): Luzzy Fa

PARENTS

10 NAME OF FATHER: Claude Broyles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fa

12 MAIDEN NAME OF MOTHER: Laura S. Heaps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fa

14 Informant: Matilda C Broyles
(Address) 2677 St Benedict St

15 Filed DEC 10 1928, 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10/ 1928

17 I HEREBY CERTIFY, That I attended deceased from December 3, 1928, to December 10, 1928, that I last saw him alive on December 10, 1928 and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical exam

(Signed) John Mace Jr, M. D.

19 (Address) Church Home 1707

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 12 19 28

20 UNDERTAKER: F. B. Wagner — ADDRESS: 1850 W. Lafayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40077

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1626 N. Bruce ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Hutchins

(a) RESIDENCE NO. 1626 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-12-1883

7 AGE: Years 45 Months Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Fannie Christian

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Viola Taft

(Address) 1626 N. Bruce St.

15 Filed DEC 10 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-12-, 1928, to 12-8-, 1928, that I last saw h[illegible] alive on 12-7-, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows: Cardio-Renal Vascular Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1816 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Dec 11 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Pleasant St.

C. HAMPSON JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. Illegible or incomplete CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40078 CERTIFICATE OF DEATH. 1294 **E 40078**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 564 W Preston ST. 17-24 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Summerville

(a) RESIDENCE No. 564 W Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Summerville

6 DATE OF BIRTH (month, day, and year): 2, 1855

7 AGE: Years 73 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Summerville

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Valley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Edith Summerville Daughter

(Address) 564 W Preston

Filed DEC 11 1928, 19 C. HAMPSON JONES, M. D. Registrar

Examined Talk.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7th 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1928, to Dec 7, 1928, that I last saw him alive on Dec 13, 1928, and that death occurred, on the date stated above, at 9 a-m.

The CAUSE OF DEATH* was as follows:

Bright Disease and acute Prostatic Enlargement about (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Weak Heart (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bann, M. D.

19 (Address) 937 Madison Ave

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 12/11/1928

20 UNDERTAKER: Mo. Geo. H. Holland — ADDRESS: 163 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40079 — 129 — E 40079

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital 11-24 WARD)

2—FULL NAME Hannah Wright

(a) RESIDENCE NO. 1207 Madison Ave 101 Hilton Ave Catonville WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of William Wright Sr.

6 DATE OF BIRTH (month, day, and year) Autumn 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co Md

PARENTS

10 NAME OF FATHER Wm Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth J. Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary B. Wright

(Address) 1207 Madison Ave.

Filed 11 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928 to Dec 8, 1928

that I last saw h. er alive on Dec 8, 1928

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Edema of Brain (Cerebral Edema)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Kidney

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Spinal fluid

(Signed) P. H. Jones, M. D.

12/8, 19 28 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL 12-12 1928

20 UNDERTAKER John H. Deadwiler — ADDRESS 1021 Hanover

Be sure all items are answered, as many of them are important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40080

CERTIFICATE OF DEATH.

114

E 40080

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 W. Lafayette Ave. 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tolson

(a) RESIDENCE NO. 1302 W La Fayette Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): May 13-1889

7 AGE — Years: 39 Months: 6 Days: 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER Moses Tolson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Bettie Washington

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant (Address): Addie Carter 1302 W La Fayette

15 Filed ..... 19 ..... Registrar

DEC 1 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Dec 8 11 A.M. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. D. Leich M. D.

(Corner) Dec 8 1928

19 (Address) 1111 Mt Royal Ave & Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt auburn Cem Date of Burial: 12-11 1928

20 UNDERTAKER: Howard Easter ADDRESS 916 Mt

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40081 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 40081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 576 Lt. Mary (St.) 1924 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Wray

(a) RESIDENCE NO. 576 Lt. Mary St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem.

4 COLOR OR RACE Col.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wray

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Piedmont Va.

PARENTS

10 NAME OF FATHER Evan Roa

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Jane Roa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Charles W Wray

(Address) 576 Lt Mary St

15 Filed DEC 11 1928 19 HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 8, 1928, that I last saw h[illegible] alive on Dec 8, 1928 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Frank E. Magnuss M. D.

19 (Address) 1076 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — DATE OF BURIAL 12-11 1928

20 UNDERTAKER Daniel Eastes — ADDRESS 916 Pine

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40082

CERTIFICATE OF DEATH.

144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp ST. 22-30 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Inredy

(a) RESIDENCE NO. 675 Washington Blvd, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Inredy

6 DATE OF BIRTH (month, day, and year): May 2, 1907

7 AGE: Years 21 Months 7 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Delaware

PARENTS

10 NAME OF FATHER: William L. Hoss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Jennie (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Husband.

15 Filed DEC 11 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 9 1928

17 I HEREBY CERTIFY, That I attended deceased from DEC 9, 1928. to DEC 9, 1928.

that I last saw her alive on DEC 9, 1928

and that death occurred, on the date stated above, at 5 45 m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Wolak, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 12/11 1928

20 UNDERTAKER: Mary A. Hawthorn

ADDRESS: 2839 Rayner

Coroner Waters Dist. OK, Eger 12/11/28

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40083

CERTIFICATE OF DEATH.

31

E 40083
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Washington Blv'd ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Albert

(a) RESIDENCE No. 805 Washington Blv'd. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorsed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	58	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Irene Sadler
(Address) 805 Washington Blv'd

15 Filed DEC 11 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12- 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/8/28, 19 28, to 12/9/28, 19

that I last saw h[illegible] alive on 12/9/28 19

and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? City Dispensaries

(Signed) [illegible], M. D.

12/9/28 (Address) 9 10 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 12/12 1928

20 UNDERTAKER J. Few McCully

ADDRESS 1306 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40084 — 45 E 40084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St. 7-17 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Borman

(a) RESIDENCE No. 1727 N. Broadway St., Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry R. Borman

6 DATE OF BIRTH (month, day, and year): Mar 7-1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: Leonard Burkheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Kunich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harry R. Borman
(Address) 1727 N. Broadway

15 Filed DEC 11 1928 — H. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/8, 1928, to 12/10, 1928,

that I last saw her alive on 12/10, 1928

and that death occurred, on the date stated above, at 8:21 A m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/7/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Brown B. Wallace M. D.

Dec 10, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — DATE OF BURIAL: Dec 13 1928

20 UNDERTAKER: Wm. J. Tickner & Sons — ADDRESS: N. & Pa.

CAUSE OF DEATH must be stated plainly, so that it may be understood by all physicians. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40085

CERTIFICATE OF DEATH.

23 E 40085

1-PLACE OF DEATH West Baltimore General 16-67 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Henrietta Stevebold

(a) RESIDENCE NO. 3008 W. Prestman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alex Stevebold

6 DATE OF BIRTH (month, day, and year): Oct. 1, 1881

7 AGE — Years: 47 — Months: 2 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book business ~~Housewife~~

(b) General nature of industry, business, or establishment in which employed (or employer): Retail 0425

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): New York State

PARENTS

10 NAME OF FATHER: Mr. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER: Sylvia Brower 12/9. 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Mr Alex Stevebold

(Address): 3008 Prestman St.

Filed DEC 11 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1928, to Dec. 9, 1928, that I last saw her alive on Dec. 9, 1928 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Encephalitis - Lethargica
Cerebral.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

(Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Dec 11 1928

20 UNDERTAKER: Wm Flickner Sons

ADDRESS: North Ave

CAUSE OF DEATH to be plainly written, so that it may be properly TION is very important See instructions on back of certificates.

E 40086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40086
Registered No. C

1-PLACE OF DEATH
City of BALTIMORE (No.) Garage, Rear of 3308 N. Fa[illegible] St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Owings

(Residence in Baltimore: No. 3313 Spalding St.; yrs. 85 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: Nov. 29 (Month) (Day) 1887 (Year)

7-AGE: 41 yrs. 0 mos. 10 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Secy
(b) General nature of Industry, business, or establishment in which employed (or employer): M. D. & Land Co.

9-BIRTHPLACE, (State or Country): Howard Co. Md.

PARENTS:
10-NAME OF FATHER: Geo. A. Owings Sr.
11-BIRTHPLACE OF FATHER, (State or Country): Md.
12-MAIDEN NAME OF MOTHER: Adah E. Hall
13-BIRTHPLACE OF MOTHER, (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mr. Edwin H. Owings
(Address) 3720 W. Harrison Ave.

15- C. HAMPSON JONES, M. D.
Filed DEC 11 1928 192 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 9- (Month) (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Suicide Gun Shot wound of Head. (Revolver)

(Duration) ....yrs. ....mos. — ds.
CONTRIBUTORY (Secondary) Shock
(Duration) ....yrs. ....mos. — ds.

(Signed) [illegible] M. D.
(Coroner) 192 (Address) 142 W. Fayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 11 1928
20-UNDERTAKER: C. H. Merkel & Son ADDRESS: North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40087

CERTIFICATE OF DEATH.

129 E 40087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 S. Charles ST. 27-33 WARD

2-FULL NAME Mrs. Catherine E. Blaney

(a) RESIDENCE NO. 804 S. Charles ST., / WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry C. Blaney

6 DATE OF BIRTH (month, day, and year): May 2nd 1853

7 AGE — Years: 75 — Months: 7 — Days: 6 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Horner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Elizabeth Beverly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mary C. Blaney

(Address) 804 S. Charles St

15 Filed DEC 11 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1928, to Dec 8th, 1928.

that I last saw her alive on Dec 4th, 1928.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation of heart, & chronic interstitial nephritis

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Perry Leibel M.D.

12/8, 1928 (Address) 224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 11th 1928

20 UNDERTAKER: J. McCleaman Sons

ADDRESS, 659 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Kirk 3126 E 40088

E 40088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 211 S. Poulton ST. 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate G. Hughes

(a) RESIDENCE NO. 211 S. Poulton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James L. Hughes

6 DATE OF BIRTH (month, day, and year) Dec 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	79	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14

Informant Christine Hughes

(Address) 211 S. Poulton St

Filed DEC 11 1928 C. HARRISON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7. 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Dec 8, 1928,

that I last saw h~~e~~r alive on Dec 8 1928

and that death occurred, on the date stated above, at 3.a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted ✓
If not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Robert J. Kirk, M. D.

12/1, 1928 (Address) 3126 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Dec 11 19 28
20 UNDERTAKER	ADDRESS
J. M. Cook	2175 Ford St

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40089 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40089

CERTIFICATE OF DEATH.

37-002

REGISTERED NO. 14-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (Ward)

2-FULL NAME Arthur Adams

(a) RESIDENCE No. 646 Pitcher st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elbert Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bettie Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed DEC 11 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1928, to Dec. 8, 1928, that I last saw h im alive on Dec. 8, 1928, and that death occurred, on the date stated above, at 12.35 a. m.

The CAUSE OF DEATH* was as follows:

Polyserositis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab Clinical Path

(Signed) Henry C. Smith, M. D.

12-8, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12/11 1928

20 UNDERTAKER Samuel H. Hensley & W. Biddle ADDRESS 578

CAUSE OF DEATH in plain terms, so that it may be properly coded.
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40090

CERTIFICATE OF DEATH.

31

E 40090

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2660 Lauretta Ave. (St.) 20-69 (WARD)

2-FULL NAME Ethel Beatrice Rouzee

(a) RESIDENCE NO. 2660 Lauretta Ave. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard C. Rouzee

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	20	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlestown, W. Va.

PARENTS

10 NAME OF FATHER Richard Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Annie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. Bernard C. Rouzee

(Address) 2660 Lauretta Ave.

Filed DEC 11 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1925 to Dec. 9, 1928, that I last saw her alive on Dec. 8, 1925 and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (chr.)

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Geo. E. Shannon, M. D.

Dec 14 1928 (Address) 700 N Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlestown W Va. (Via auto)

DATE OF BURIAL Dec 12 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Eutaw St

CAUSE OF DEATH to plain terms, so that it may be properly coded.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 40091 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 40091

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3313 (St.) Barclay (WARD) 17-49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Johnson

(a) RESIDENCE NO. 3313 Barclay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Johnson

6 DATE OF BIRTH (month, day, and year) Unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Isaac Johnson

(Address) 3313 Barclay St.

15 Filed , 19 No. 1644 Register

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9. 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Dec 8, 1927

that I last saw h alive on Dec 8, 1927

and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Contributory

(duration) Indefinite yr. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 9, 1927 (Address) 1534 E. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	12-11-27
20 UNDERTAKER Mark W. Elliott	ADDRESS 1715 Eutaw Pl

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40092

CERTIFICATE OF DEATH.

37-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 Fookes ST. 17-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos White

(a) RESIDENCE NO. 615 Fookes ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie White

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 38 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: Frank Turner

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ellen White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Ella Williams

(Address): 615 Fookes St

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8th 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov 18th 1925 to Dec 8th 1925.

that I last saw h alive on Dec 8th 1925

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows: Mit Intersentalis

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Organic Heart

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

1925 (Address) 527 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery — DATE OF BURIAL: 12-11-25

20 UNDERTAKER: Wm. Ida Saunders — ADDRESS: 1908 E. Madison St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40093

CERTIFICATE OF DEATH.

24-001

E 40093

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1448 Reynolds St. St. 24-35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Brady.

(a) RESIDENCE NO. 1448 Reynolds St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, HUSBAND of Elizabeth Brady.

6 DATE OF BIRTH (month, day, and year) April 5, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Riveter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Harrisburg Pa.

PARENTS

10 NAME OF FATHER John Brady.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York.

12 MAIDEN NAME OF MOTHER Susan Crouse.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Elizabeth Brady. (wife)

(Address) 1448 Reynolds St.

Filed DEC 11 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

12/10 19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF HURIAL, CREMATION OR REMOVAL — Date of Burial

Mattina & Cox. 12 19 28

20 UNDERTAKER — ADDRESS

Mrs Cook 1175 E. Baltimore St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40094

CERTIFICATE OF DEATH.

+ 1862 203

E 40094

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 9-9 Ward)

2-FULL NAME Henry Charles Stumpf

(a) RESIDENCE NO. Stemmers Run, Phila Rd nr Aing Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	sihgle

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17/1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Co., Md

PARENTS

10 NAME OF FATHER Charles E. Stumpf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md., Carroll Co

12 MAIDEN NAME OF MOTHER Eliz. M. Mohr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Co., Md

14 Informant Father

(Address) Stemmers Run. Md

15 Filed _____ 19____ Registrar

DEC 11 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intrathoracic & abdominal Injuries
Accidently run over by automobile
Phila Rd nr Aing ave

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Volk M. D.
(Coroner)

12/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Lutheran Cemetery Date of Burial Dec. 12 1928

20 UNDERTAKER Fred'k Lassahn & Sons ADDRESS Fullerton

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40095

122-001

CERTIFICATE OF DEATH

REGISTERED NO. E 40095

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S Ann St ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Rybinski

(a) RESIDENCE NO. 518 S Ann St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Rybinski

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jailer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Mathie Rybinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: J. Rybinski

(Address): 518 S Ann St

15 Filed DEC 11 1928 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 '28, to Dec 10 '28,

that I last saw he alive on Dec 10 '28, 2.30 P.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Arrhythmia

(duration) yrs. mos. 1 yr.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

(Address) 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Dec 13 19-28

20 UNDERTAKER: J W Ozazewski

ADDRESS: 1930 Eastern Ave

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40096

CERTIFICATE OF DEATH.

11-001

E 40096

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. ST. 23-33 WARD

2-FULL NAME Mrs. Ida V. Fletcher

(a) RESIDENCE NO. 3 W. Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Joseph B. Fletcher

6 DATE OF BIRTH (month, day, and year) Mar 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) .. Maryland.
(State or country)

PARENTS

10 NAME OF FATHER Jas. Morris

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Georgia Allison

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Hospital Records
(Address)

15 Filed DEC 11 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12, 11 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-27, 1928, to 12, 11, 1928.

that I last saw h[illegible] alive on 12:11, 1928,

and that death occurred, on the date stated above, at 12:28 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
complicated by B. Influenza
Empyema.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. mos. 3 hrs.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/6/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Fetzer Walsche M. D.

12/11, 1928 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Md

DATE OF BURIAL Dec 12 1928

20 UNDERTAKER John F. Dennis

ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40097

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-103

CERTIFICATE OF DEATH.

E 40097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 N. Port St St., 7-12 Ward)

2-FULL NAME Thersa Radej

(a) RESIDENCE NO. 905 N. Port St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Radej

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Vitovec

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Husband

(Address) 905 N. Port St

Filed DEC 11 1928 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Henorrhage-Secondary

Struck by Automobile nr Port & Ashland Ave on Sept. 8/28

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Cates M. D.

(Coroner)

12/10/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Dec 12 1928

Date of Burial

20 UNDERTAKER Ernest Boeckel Son

ADDRESS Woodlawn

tion should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E ~~40065~~ E 40098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Calhoun & Fayette ST. (WARD) 18-No 27

REGISTERED NO. E ~~40065~~

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia Lewis

(a) RESIDENCE No. 889 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27 1844

7 AGE: Years 84 Months 9 Days 13

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Thomas H. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Sabra A. Melvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Thomas H. Lewis

(Address) 2844 Wisconsin Ave

15 Filed DEC 11 1928 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Dec 10, 1928,

that I last saw her alive on Dec 10, 1928

and that death occurred, on the date stated above, at 12 45 m

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Geberal Asthenia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Fracture Neck of Left Femur (duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray & Physical Exam

(Signed) Will C Polark, M. D.

12/10, 1928 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greensboro, Md. Via Penna R R — DATE OF BURIAL: Dec 12 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

mation should be carefully supplied. Any illegible or missing items CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40099 40099

CERTIFICATE OF DEATH.

REGISTERED NO. 40099

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Md. Gen. Hosp.

CITY OF BALTIMORE: (No. Baltimore St. 11-24 WARD)

2-FULL NAME Baby Welke

(a) RESIDENCE NO. Glenburne Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-7-28

7 AGE — Years — Months — Days — If LESS than 1 day, 1 hrs. or 23 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Herman Winifred Welke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Augusta Catherine Graefe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Hospital Record

15 Filed DEC 11 1928 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-7-1928. to 12-7-1928.

that I last saw him alive on 12-7-1928.

and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity - about 6 mo.

(duration) yrs. 1 mos hr 23 min ds.

CONTRIBUTORY (Secondary) Premature separation placenta

(duration) about 5 hrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jno A Sampatine M. D.

, 19 (Address) Mt Fin Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hoops

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be entered. Name of employer supplies. Note: TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40100

CERTIFICATE OF DEATH.

E 40100
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital ST. 70-21 WARD)

2-FULL NAME Mrs. Ida L. Elsenoad

(a) ~~RESIDENCE~~ NO. Reisterstown, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Samuel Elsenoad

6 DATE OF BIRTH (month, day, and year) Nov—1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Samuel Elsenoad
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Elizabeth Bond
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Samuel Elsenoad
(Address) Reisterstown Md

15 Filed DEC 11 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11 1928

17 I HEREBY CERTIFY, That I attended deceased from November 6, 1928, to December 11, 1928, that I last saw her alive on December 11, 1928, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:
Toxic myocarditis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Ulcerative colitis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Proctoscopic exam.

(Signed) Thos. E. Stacy, Jr., M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt. Gilead, Baltimore — DATE OF BURIAL 12/14 1928

20 UNDERTAKER Edw. A. Foton — ADDRESS Hampstead Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40101

CERTIFICATE OF DEATH.

REGISTERED No. E 40101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 University Pl (St.) 12-49 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Bradley Klitch

(a) RESIDENCE No. 3409 University Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Stewart Klitch

6 DATE OF BIRTH (month, day, and year) Sept 14 1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Richard S Klitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Elenor Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Mrs Marie S Klitch

(Address) 3409 University Pl.

15 Filed DEC 11 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1928 to Dec 7 1928

that I last saw him alive on Dec 7 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Malignant Growth of Spine

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Reuben Fleischner M.D.

Dec 9 1928 (Address) Upland Rd

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kenbathedral

DATE OF BURIAL 12/12 1928

20 UNDERTAKER J A Moran

ADDRESS 3000 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40102

CERTIFICATE OF DEATH.

188-103 ✓

E 40102

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Mem Hosp 4-46 St., Ward)

2-FULL NAME John F Dames

(a) RESIDENCE NO. 1127 Montpelier St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dames

6 DATE OF BIRTH (month, day, and year) Feb. 22 1846

7 AGE	Years	Months	Days / 6	IF LESS than 1 day ..... hrs. or ..... min.
	82	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Wm. Dames

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Alice Brown

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mr. Leo. Brown

(Address) 1127 Montpelier St.

Filed DEC 11 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Multiple Fracture Contusion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Signed Dec 10 1928 G C Blake M. D.

(Corner) 19 Address 1438 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Marys Govans Date of Burial Dec. 12 1928

20 UNDERTAKER John A. Maan ADDRESS 3000 E. Balt St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40103

CERTIFICATE OF DEATH

101-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 215 N Wolfe ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Le. Ray Dietzel

(a) RESIDENCE NO. 215 N Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Benner

6 DATE OF BIRTH (month, day, and year) Dec 17. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	31	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Machine shop

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick Dietzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Bellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Minnie Dietzel

(Address) 215 N Wolfe

15 Filed DEC 11 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10—1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928 to Dec 10, 1928.

that I last saw h living on Dec 10 1928

and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. L. Kerner M. D.

Dec 11, 1928 (Address) 1201 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 13 1928

20 UNDERTAKER [illegible]

ADDRESS [illegible]

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Maloney

E 40104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40104

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens ave ST. WARD 25-32

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Mrs Irene Maloney

(a) RESIDENCE No. 2029 Annapolis Road ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Maloney

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Martin Drumgool not sure

11 BIRTHPLACE OF FATHER (city or town) (State or country) United States

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Maloney
(Address) 2029 Annapolis Road

15 C. HAMPSON JONES, M. D.
Registrar

11 1928 By 19 CEA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-28, 1928, to 12-9, 1928, that I last saw her alive on 12-9, 1928 and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia
(following Preg)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Premature Separation of Placenta (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11-28-28

Was there an autopsy? yes

What test confirmed diagnosis? B. C. culture

(Signed) H. M. Ericson M. D.

12/9/1928 (Address) [illegible] Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec. 13 1928

20 UNDERTAKER Joseph S. Cook

ADDRESS 1003 West Baltimore St

mation should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Cor—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40105

CERTIFICATE OF DEATH.

90 E 40105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 N. Stricker St.) (Ward) 18-26

2-FULL NAME Joseph Whiteford

(a) RESIDENCE NO. 18 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Whiteford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sarah Boyd

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Lillie Donoghue

(Address) 18 N. Stricker St.

15 By C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1928 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Broadbent M. D.
(Coroner) S. W. Bunn

12/11 1928 (Address) 3601 Third St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Dec. 11 1928

20 UNDERTAKER Robert J. Cook ADDRESS 1005 West Baltimore St

tion should be carefully supplied. Age should be stated EXACTLY. Particulars must be given OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

DEC 11 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 40106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40106

CERTIFICATE OF DEATH

57

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE (No. ____ ST., 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Jenkins

(a) RESIDENCE NO. 669 W Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Effie Jenkins

6 DATE OF BIRTH (month, day, and year)

7 AGE: 68 Years ____ Months ____ Days ____ If LESS than 1 day, hrs. or min. ____

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Banks Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed 11 1928 C. CHAMPION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8-28

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1928, to 12-8, 1928, that I last saw him alive on 12-8 1928 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Ulcer on Scrotum (duration) ____ yrs. 1 mos. ____ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Laboratory

(Signed) H. S. Thuck M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodstock Va — DATE OF BURIAL: 12/11/28

20 UNDERTAKER: Julian Cook — ADDRESS: 522 E Lex

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40107

1-PLACE OF DEATH ~~Johns Hopkins Hospital~~

City of BALTIMORE: (No.) 1928 E. Lombard St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Harding

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 55 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Unknown

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed NOV 11 1928 C. HAMPSON JONES, M. D. Registrar

Per

3030

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhausting

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

11/28 19 (Address) 143 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the state..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

tion should be carefully supplied. Age should be stated EXACTLY. Physicians should make OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40108

CERTIFICATE OF DEATH

32 E 40108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 7-13 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jordan

(a) RESIDENCE NO. 1642 E. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	negro	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 11 1928

C. HAMPSON JONES, M. D. Registrar

3032 CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8/28 19

17 I HEREBY CERTIFY, That I attended deceased from 11/27/28, 19..., to 12/8/28, 19...,

that I last saw h/ alive on 12/5/28, 19...,

and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. E. Wentzel, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

tion should be carefully supplied. AGE should be stated EXACTLY. THINGS should be stated OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40109

1-001 ✓

E 40109

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Penitentiary Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Taylor

(a) RESIDENCE NO. 954 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colred	Married

5a If married, widowed, or divorced HUSBAND of Mabel Jones (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, nr establishment in which employed (or emplnyer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Virginia

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Virginia

12 MAIDEN NAME OF MOTHER Agnes Giles

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Virginia

14 Informant Albert Taylor

(Address) Md. Penitentiary

Filed DEC 11 1928, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 19 28, to Dec. 5, 19 28

that I last saw h[illegible] alive on Dec 5, 19 28

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test cnnfirmed diagnosis?

(Signed) Chas Wm Edmunds, M. D.

, 19 (Address) Maryland Penitentiary

*State the Disease Causing Death, or in deaths frnm Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 11 1928

3039

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129 E 40110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-20 WARD)

2-FULL NAME Guy Hopkins

(a) RESIDENCE NO. Laurel, Md ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Tyson Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs H. Howell
(Address) Laurel Md

15 FILED 11 1928 C. HAMPSON JONES, M. D. Registrar

Pat ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Dec. 11, 1928, that I last saw h/m alive on Dec 11, 1928 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease.

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical + autopsy

(Signed) Joseph Faulkner M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL 12/14/28

20 UNDERTAKER Lloyd Kaiser

ADDRESS Laurel Md

CAUSE OF DEATH ... TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40111

CERTIFICATE OF DEATH

90 E 40111

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1042 W. Saratoga ST. (WARD) 18-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Pease

(a) RESIDENCE NO. 1042 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter C. Pease

6 DATE OF BIRTH (month, day, and year): July 28, 1873.

7 AGE: Years 55 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John D. Starkey

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Anna Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Walter C. Pease

(Address): 1042 W. Saratoga

15 11 1928 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10, 1928.

17 I HEREBY CERTIFY, That I attended deceased from 12/9/28, 19..., to 12/10/28, 19...

that I last saw h.. alive on 12/10/28, 19...

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

History (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Tenny, M. D.

12/10/28 (Address) 910 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dunmore Mem. | DATE OF BURIAL: Dec 13 1928

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son | ADDRESS: 601 W. Fayette

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40112 ✓ E 40112

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. 70-69

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Leister

(a) RESIDENCE NO. 22 N. Calverton Road ST., WARD

(Usual place of abode) 71

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 [redacted], Married, Widowed, or Divorced (Write the word): not given

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Leister

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE [redacted] Years: 71 Months: / Days: / If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records

Address: BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 C. HAMPSON JONES, M.D. Registrar

DEC 11 1928

For [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-7-28

17 I HEREBY CERTIFY, That I attended deceased from 7-30, 1928, to 12-7, 1928

that I last saw her alive on 12-7, 1928

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Aortic Insufficiency, Probably Luetic (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hitch M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: Dec 12 1928

20 UNDERTAKER: Mr & Mrs John N. Teufel & Son — ADDRESS: 801 N Fayette

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40113 E 40113

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1042 N. Milton Ave ST. 6-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Mc. Connell

(a) RESIDENCE NO. 1035 N. Milton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William E. McConnell

6 DATE OF BIRTH (month, day, and year): May 3. 1897

7 AGE: Years 31 Months 7 Days 7. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Joseph S. McNeave

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Appolonia A. Ruff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co. Md

14 Informant: William E. Mc-Connell (Address) 1035 N. Milton Ave

15 Filed DEC 11 1928, 19 C. HAMPSON JONES, M.D. Registrar Per AKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 10, 1928, that I last saw her alive on Dec 10, 1928, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Convulsion & Acute Dilitation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Six Months Pregnancy & Albuminuria (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) O. O. Carman, M. D.

12-11 1928 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. DATE OF BURIAL: Dec. 13 1928

20 UNDERTAKER: Jno. Jno. H. Gentleson ADDRESS: 801 N. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40114

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Collins Ave. St. 20-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clemens J. Schaeffer

(a) RESIDENCE NO. 314 S. Collins Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Mary M. Schaeffer

6 DATE OF BIRTH (month, day, and year) June 3, 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
67	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Schaeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr Leo F. Schaeffer

(Address) 314 S. Collins Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

C 11 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 9, 1928

that I last saw h[illegible] alive on Dec 9, 1928

and that death occurred, on the date stated above, at a.20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) Dot know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) H. A. Kuell, M. D.

12/11, 1928 (Address) 4207 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 12, 1928

20 UNDERTAKER John J. Lowndes Co

ADDRESS 1012 Madison Ave

CAUSE OF DEATH in plain terms. No abbreviations or ditto marks. TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40115

CERTIFICATE OF DEATH

90 E 40115

1-PLACE OF DEATH

REGISTERED NO. 20-69

City of BALTIMORE: (No. 2602 Lehman St. St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham L. Muse.

(a) RESIDENCE NO. 2602 Lehman St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude L. Muse.

6 DATE OF BIRTH (month, day, and year) July-31-1867

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	61	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist 31

(c) Name of employer

9 BIRTHPLACE (city or town) Finnie

(State or country) Kentucky.

PARENTS

10 NAME OF FATHER Joseph Muse

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Kentucky.

12 MAIDEN NAME OF MOTHER Mahaley Ford.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Kentucky.

14 Informant Mrs. Gertrude L. Muse

(Address) 2602 Lehman St.

15 Filed 11 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Dec 9, 1928.

that I last saw h alive on Dec 9, 1928.

and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) E. Vanhoutteghem M. D.

10 Dec 1928 (Address) 2065 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery. Date of Burial Dec. 12 1928.

20 UNDERTAKER Chas. J. Schwab ADDRESS 2257 Monroe St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

E 40116

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Gen. Hosp ST. 16-23 WARD)

2-FULL NAME William Tyler

(a) RESIDENCE NO. 1323 W. Hanover St ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Tyler

6 DATE OF BIRTH (month, day, and year): Mar. 23 1879

7 AGE: Years 49 Months 9 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Head Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: -

9 BIRTHPLACE (city or town) (State or country): Jacksonville, Fla.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Mary Tyler
(Address): 1323 Hanover St.

15 Filed DEC 11 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1928, to Dec. 8, 1928,

that I last saw him alive on Dec. 8, 1928,

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with general peritonitis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia and cardiac failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Dec. 2, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) E. A. Zilsmer, M. D.

12/8, 1928 (Address) So. Balto. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12/12/1928

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40117 ✓ E 40117

CERTIFICATE OF DEATH.

86

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1603 E. Madison ST. 17-13 WARD)

2-FULL NAME John Robert Churchill

(a) RESIDENCE NO. 1603 E Madison ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sadie Churchill

6 DATE OF BIRTH (month, day, and year) Feb 28 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Local Ice Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond (State or country) Va

PARENTS

10 NAME OF FATHER Chas. Churchill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sadie Churchill (Wife) (Address) 1603 E. Madison St

15 Filed 11 1928 ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-6- , 19 28 , to 12-10- , 19 28 , that I last saw ~~him~~ alive on 12-10- , 19 28 and that death occurred, on the date stated above, at 12:45 a m

The CAUSE OF DEATH* was as follows:

Intracerebral Hemorrhage

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. J. Jackson M. D.

12/10 1928 (Address) Coonahan Va

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Elm — DATE OF BURIAL 12-13 1928

20 UNDERTAKER Jas. Jno. Skinner — ADDRESS 1620 E. Mad St

CAUTION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40118

CERTIFICATE OF DEATH.

X117

E 40118

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgayne Smith

(a) RESIDENCE NO. Bowie Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Smith

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hosp. Records

(Address)

Filed DEC 13 1928, 19

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 11, 1928,

that I last saw h alive on Dec 11, 1928,

and that death occurred, on the date stated above, at 1050 A m.

The CAUSE OF DEATH* was as follows:

Post operative pneumonia following Cholecystectomy & appendectomy for ca ? gall bladder. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/6/28

Was there an autopsy? No Clinical picture

What test confirmed diagnosis?

(Signed) W. H. Varney, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bowie Md.

DATE OF BURIAL: Dec 13 1928

20 UNDERTAKER: Mrs Frank Wood

ADDRESS: Mitchellville

CAUSE OF DEATH must be plainly written. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40119

CERTIFICATE OF DEATH.

E 40119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. ST. WARD)

2-FULL NAME Frank Brown

(a) RESIDENCE NO. 216 Alliance St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 35 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Apr. 14, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Patrick Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Hospital Records

(Address)

15 Filed 12-1928 . 19 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 1928, to 12-10, 1928,

that I last saw him alive on 12-10, 1928,

and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) Unknown yrs. mos da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 12 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Friedenwald, M. D.

12/10, 1928 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Covington, Ky. DATE OF BURIAL 12/12/28

20 UNDERTAKER H. W. Mears & Son ADDRESS 505 W. Calvert St.

To American Railway Express

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40120

CERTIFICATE OF DEATH.

10-001

E 40120

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST., 10-69 WARD

2-FULL NAME Charles Joseph Cain

(a) RESIDENCE NO. 2600 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Cain

6 DATE OF BIRTH (month, day, and year) Jan 17 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietor of

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James V. Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary E Karhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mary V. Cain

(Address) 2600 W. Fayette St

12 1928 C. JAMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928.

17 I HEREBY CERTIFY, That I attended deceased from November 26. 1928. to December 10. 1928.

that I last saw him alive on December 10. 1928.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis & uremia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) 3 yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & phys. exam.

(Signed) Thos. E. Stacy, Jr. M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 13 1928

20 UNDERTAKER John F Denny — ADDRESS 715 Lig 4 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-601

E 40121 — CERTIFICATE OF DEATH — **E 40121**

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 140 r ashland ave ST. 10-14 WARD)

2—FULL NAME Israel Leaplan

(a) RESIDENCE NO. 140 r ashland ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca Leaplan

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Moses Leaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rebecca Leaplan
(Address) 140 r ashland ave

15 Filed DEC 12 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/11/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 . 1928 . to Dec 11 . 1928 .

that I last saw him alive on Dec 11 . 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

~~Ch [illegible]~~

Acute Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): H. H. Hornstein M.D.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no Physical

What test confirmed diagnosis?

(Signed) H. H. Hornstein , M. D.

12/11 . 1928 (Address) 733 Argyle St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Hessen Penn

DATE OF BURIAL: 12/12 1928

20 UNDERTAKER: Jack Levis 1439 Eutaw St

ADDRESS

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

40122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 15-58 St. WARD)

2-FULL NAME Wm. Bernard Groner

(a) RESIDENCE No. 2805 Violet Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Groner

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 65 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Groner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rose Groner

(Address) 2805 Violet Ave

15 Filed DEC 12 1928 CHARLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Dec 12, 1928, that I last saw him alive on Dec 12, 1928, and that death occurred, on the date stated above, at 12:20 Am.

The CAUSE OF DEATH* was as follows:

Thrombo Angeitis Obliterans

(duration) 3-4 yrs? mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 8-10? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-30-28

Was there an autopsy? No

What test confirmed diagnosis? Autopsy: clinical findings

(Signed) [illegible] M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 12/13 1928

UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40123

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 N. Exeter St. St. 5-8 Ward)

2-FULL NAME Carlo Sabatino.

(a) RESIDENCE NO. 415 N. Exeter St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 19 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or WIFE of): Josephine Sabatino.

6 DATE OF BIRTH (month, day, and year): October 15, 1849

7 AGE: Years 79 Months 1 Days 25 If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Italy.

PARENTS

10 NAME OF FATHER Mariano Sabatino.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy.

12 MAIDEN NAME OF MOTHER Frances Janco.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Italy.

14 Informant Sam Sabatino. (son)

(Address) 415 N. Exeter St.

15 Filed ....19.... HAYDEN JONES, M. D.

Registrar

C 1330

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner)

12/11 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: 12 12 1928

20 UNDERTAKER: George J. Ruth ADDRESS: 1735 Hanford Avenue

tion should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1101-001 E 40124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Gifford Darst (Gifford)

(a) RESIDENCE NO. 729 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) June 18, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Commander

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer U. S. Navy

9 BIRTHPLACE (city or town) (State or country) Portland Ohio

PARENTS

10 NAME OF FATHER John Sherman Darst

11 BIRTHPLACE OF FATHER (city or town) Cheshire (State or country) Ohio

12 MAIDEN NAME OF MOTHER Blanche McKay

13 BIRTHPLACE OF MOTHER (city or town) Portland (State or country) Ohio

14 Informant Rose M. Darst (Address) Morgantown, W. Va.

15 Filed DEC 12 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928

17 I HEREBY CERTIFY, That I attended deceased from December 6, 1928, to December 10, 1928, that I last saw h[illegible] alive on December 10, 1928 and that death occurred, on the date stated above, at 8-10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos 10 min ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Lemon K Mercer M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charleston, W. Va.	12/12 1928

20 UNDERTAKER Henry W. Mears and Son ADDRESS W. Calvert

John Sherman Darst

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40125

CERTIFICATE OF DEATH.

185 ~ E 40125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2741 Bernard St. 12-51 Ward)

2-FULL NAME Laura Catherine Donahue

(a) RESIDENCE NO. 2741 Bernard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced (or) WIFE of Joseph Donahue

6 DATE OF BIRTH (month, day, and year) April 21-1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Joshua Corbin

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary E. Evans.

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.

(State or country) Maryland.

14 Informant Joseph Donahue.

(Address) 2741 Bernard St.

15 Filed DEC 12 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-11-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 21- 1928, to Dec-11-, 1928, that I last saw h[illegible] alive on Dec 10-, 1928, and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Fracture through surgical neck right femur

(duration) — yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Gangrene of lower Sacral & upper buttock regions.

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs X ray.

(Signed) Chester Ruland, M. D.

12-11, 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial Dec 14 1928

20 UNDERTAKER Chenoweth Son ADDRESS 3616 Chestnut Ave

tion should be carefully supplied. All answers must be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. very important.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40126 — 118-001 — E 40126

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1421 McCulloh St. (Ward) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanora Bailey

(a) RESIDENCE NO. 1421 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widnwed, or Divorced (write the word): Widow

5a If married widnwed, or divorced HUSBAND of (or) WIFE nf: Jackson

6 DATE OF BIRTH (month, day, and year): March, 1848

7 AGE — Years: 80 — Months: 9 — Days:

IF LESS than 1 day . hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, prnfessinn or particular kind nf work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name nf employer:

9 BIRTHPLACE (City or town): Bells Cross Roads

(State or country):

10 NAME OF FATHER: Jackson

11 BIRTHPLACE OF FATHER (City or town): Jackson

(State or country):

12 MAIDEN NAME OF MOTHER: Jackson

13 BIRTHPLACE OF MOTHER (City or town): Jackson

(State or country):

PARENTS

14 Informant: Henrietta Bell

(Address) 1421 McCulloch St.

15 Filed DEC 12 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 . 1928 . to Dec 9 . 1928

that I last saw her alive on Dec 9 . 1928 .

and that death occurred, nn the date stated above, at 6:30 A.M. m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction Strangulated Inguinal Hernia

(Duratinn) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease cntracted if not at place of death? Home

Did an operation precede death? No Date nf

Was there an autopsy? No

What test confirmed diagnnsis? Clinical

(Signed) Chas P Cloutier M. D.

Dec 9 1928 (Address) 1504 McCulloch St

*State the Disease Causing Death, nr in deaths from Vinlent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

20 UNDERTAKER: Samuel Hawley

Date of Burial 12/12 1928

ADDRESS 578 Baltimore

tion should be carefully supplied. Any [illegible] should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40127 74-001 E 40127

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Orleans ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME KATHERINE BAUR

(a) RESIDENCE NO. 437 N. Lakewood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Baur

6 DATE OF BIRTH (month, day, and year) January 5, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Hottenbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Fuchs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Charlotte Blum (Sister)

(Address) 437 N. Lakewood Ave.

15 Filed DEC 12 1928 19 JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st. 19 ... to Dec 9 19 28

that I last saw h[er] alive on Dec 9 19 28

and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Arteriosclerosis

Cardiac Hypertrophy

(Primary) (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer M. D.

12/11, 19 28 (Address) 1500 E 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec. 12. 19 28

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40128

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 40128

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1312 Valley ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ERNEST O. MALIN

(a) RESIDENCE NO. 1312 Valley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Malin

6 DATE OF BIRTH (month, day, and year) October 31, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Elizabeth Malin (Wife)

(Address) 1312 Valley Street

15 DEC 12 1928 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to Dec 10, 1928, that I last saw h alive on Dec 10, 1928 and that death occurred, on the date stated above, at 4.42 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of caecum or asc. colon (duration) Indefinite yrs. mos. ds.

(OVER)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E H Haywood, M. D.

12/11, 1928 (Address) 1129 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Matthew's Cemetery	Dec. 13, 1928
UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

Important. See instructions on the back of this certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 40129

CERTIFICATE OF DEATH.

E 40129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Longwood Road ST. 27-53 WARD)

2-FULL NAME Fannie Beall Hunt

(a) RESIDENCE NO. 100 Longwood Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 70 yrs. ? mos. ? ds.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) about 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	about 70	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Hunt

11 BIRTHPLACE OF FATHER (city or town) Hagerstown

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Beall

13 BIRTHPLACE OF MOTHER (city or town) Frederick

(State or country) Maryland

14 Informant Mr. Charles Hunt (brother)

(Address) 100 Longwood Road

15 Filed DEC 12 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 , 1928 , to Dec 13 , 1928 , that I last saw h alive on Nov. 30 , 1928 and that death occurred, on the date stated above, at 3 P. m

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

Symptoms: (duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis (arteriosclerosis)

(duration) 3 yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Louis P. Hamburger , M. D.

Dec 11 , 1928 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec-13-28 19

20 UNDERTAKER STEWART & [illegible] ADDRESS 1638 W. NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40130

CERTIFICATE OF DEATH.

188-103

E 40130
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Removed Dead

City of BALTIMORE: (No. Balt City Hospitals Ward)

2-FULL NAME Samuel Gouldman

(a) RESIDENCE NO. 414 S. Bouvel (24) St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Wht	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gouldman

6 DATE OF BIRTH (month, day, and year) Dec 4th 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
(58)	58		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Wm Gouldman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Winchester, Va

12 MAIDEN NAME OF MOTHER Susan Heywood

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Amabell Gibson

(Address) 414 S Bouvel St

15 Filed DEC 12 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed chest
Auto mobile accident

(duration) yrs. ½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Gerlach M. D.
(Coroner)

12/11 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 414 S Bouvel St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Dec 13 1928

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 408 S. Wolfe St

Don't fail to answer every question. The answers must be complete. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40137 CERTIFICATE OF DEATH

90

REGISTERED NO. E 40131

City of BALTIMORE: (No. Balto City Hospital St. No 37 Ward)

2-FULL NAME Barbara Dreska (DRESKA)

(a) RESIDENCE NO. 3709 Benefit St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Traule Dreska

6 DATE OF BIRTH (month, day, and year) Dec. 4th 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Houses work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER ? Linke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Traule Dreska (Husband)

(Address) 3709 Benefit St

15 Filed DEC 12 1928 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis,

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) 2 days yrs. mos. ds.

(Signed) M Fleischer M. D. (Coroner)

12/11, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3709 Benefit St

PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — Date of Burial: Dec 15 1928

20 UNDERTAKER Lilly & Sons — ADDRESS 1003 Light St

Don't write in this space. Space reserved for use of Registrar. Be careful to answer all questions. Write plainly in ink. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 40132

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1045 W Lexington ST. 18 W WARD)

2-FULL NAME Lydia White.

(a) RESIDENCE NO. 1045 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe

4 COLOR OR RACE Cl

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 25. 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
55	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private home

(c) Name of employer 037

9 BIRTHPLACE (city or town) (State or country) Pembridge Maryland

PARENTS

10 NAME OF FATHER William Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliz. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sarah Phillipings

(Address) 1043 W. Lexington St.

15 Filed DEC 12 1928, 19 C. Hampson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Dec 8, 1928,

that I last saw h alive on Dec 8, 1928

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathol. Ex.

(Signed) D. Gabel Thomas M. D.

Dec 11, 1928 (Address) 1334 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Dec. 13 1928

20 UNDERTAKER Mrs. Kate R. Williams ADDRESS 322 N Schroeder St

IMPORTANT—Fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Punctuation is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40133

CERTIFICATE OF DEATH.

101-001 V

E 40133

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 16-22 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otis Taylor

(a) RESIDENCE NO. 803 N Gilmor St

(Usual place of abode) St._____ Ward_____

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Taylor

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 010

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER Sophia Thomas

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant Virginia Taylor

(Address) 803 N Gilmor Ave

15 Filed 12 1928, 19___ C. [illegible] Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Purulent Meningitis (Pneumococcus)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) 2 yrs. ___ mos. ___ ds.

(Signed) C. Jones (Coroner) M. D.

12 (Address) 12/12/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 12/13 1928

20 UNDERTAKER Mrs H Holland ADDRESS 1639 Bendell

Fee

12 1928

Don't fail to carefully supply every item. Any physician who fails to report promptly and properly any case coming under his observation, or who fails to fill out correctly a CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40134

CERTIFICATE OF DEATH

100-001

E 40134

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen Hosp St.) 1927 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia R. Collins

(a) RESIDENCE NO. 1721 Edmondson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 4 1923

7 AGE — Years: 4 — Months: — Days: 7

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER: Fletcher T. Collins

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Maria Mann

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Hospital Records

(Address)

15 Filed [illegible] 19 [illegible] Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 19 28 to Dec 11 19 28

that I last saw h[illegible] alive on Dec 11 19 28

and that death occurred, on the date stated above, at 5:35 P. m.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes Clinical

What test confirmed diagnosis?

(Signed) A E Mayer Schneider M. D.

Dec 11. 19 28 (Address) Md General Hosp

*State the Disease Causing Death, oc In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whethec Accidental, Suicidal, or Homicidal. (See reverse side foc additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Dec 13 1928

20 UNDERTAKER: John F Fields — ADDRESS: 1200 N Fulton Ave

DEC 12 1928

tion should be carefully supplied. Age should be stated in years, months and days if less than one year. Place of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40135

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-201 E 40135

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 35 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Kerikeph

(a) RESIDENCE NO. 1513 Eastern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Mar.

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Nov. 1889

7 AGE: 39 Years | Months: 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Sparrows Point

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records

(Address)

15 Filed: 12 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-11-28

17 I HEREBY CERTIFY, That I attended deceased from 12-9-28 to 12-11-28

that I last saw h[illegible] alive on 12-11-28

and that death occurred, on the date stated above, at 2.50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage left Rt. Hemiplegia & Diplopia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Hypertention

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) C. H. Jack, M. D.

(Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Independent | DATE OF BURIAL: Dec 13. 1928

20 UNDERTAKER: John Grebliunas | ADDRESS: 423 S. O'Donnell St

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40136

CERTIFICATE OF DEATH.

129

E 40136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Harlem Ave ST) 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Heck

(a) RESIDENCE NO. 830 Harlem Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs 7 mos 26 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of Louis Heck

6 DATE OF BIRTH (month, day, and year) Apr 13/46

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
82	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berlin Md.

PARENTS

10 NAME OF FATHER Fredk Wm. Bould

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Pittard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mrs. M. Heck

(Address) 830 Harlem Ave

15 Filed DEC 12 1925 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1925

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1925, to Dec 10, 1925, that I last saw h[illegible] alive on Dec 10, 1925, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, 1

Senile dementia

(duration) 3 yrs 6 mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal knowledge

(Signed) H. C. Knipp M. D.

(Address) 4025 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 12 1925

20 UNDERTAKER W. M. Cookson

ADDRESS Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Information is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40137 (top-left) E 40137 (top-right)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Ewell Wilmouth

(a) RESIDENCE NO. Fayette - Clay St. WARD 6 - 2nd -

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 -			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va -

PARENTS

10 NAME OF FATHER Stevens Wilmouth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Eglantine

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address)

15 Filed 12 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11-28

17

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 1 1928,

that I last saw h[illegible] alive on Dec 11 1928

and that death occurred, on the date stated above, at 2 35 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Uraemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes, Date of Dec. 6.

Was there an autopsy? no.

What test confirmed diagnosis? Cystoscopic

(Signed) E. Lanier, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Otter W Va	12/12/1928
20 UNDERTAKER	ADDRESS
Joseph Ahrens	22 Bury

Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40138 ✓ E 40138

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 646 S. Lakewood Ave. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Potocki

(a) Residence No. 646 S. Lakewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 6 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Potocki

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. About 70 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14- (Informant) Josephine Potocki

(Address) 646 S. Lakewood

15- Filed 12 1928 C. HAMPSON JONES, M. D. Registrar.

Per ACH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 9-1928

17- I HEREBY CERTIFY, That I attended deceased from May 12 1928 to Dec. 9, 1928 that I last saw him alive on Dec. 8, 1928 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 7 mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kroger M. D.

12/10. 1928 (Address) 922 E. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary	12/13 1928
20-UNDERTAKER. William Fiedler	ADDRESS. 1618 E. Eastern Ave

In plain terms, so that it may be properly understood, write instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40139

CERTIFICATE OF DEATH.

161-001 E 40139

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 730 (ST.) Stockholm (WARD) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Not Named (Peet)

(a) RESIDENCE NO. 730 (ST.) Stockholm (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/9/28

7 AGE — Years | Months | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Clifton Peet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Beulah Foust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

30/38 Acth

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11/28

17 I HEREBY CERTIFY, That I attended deceased from 12/9/28, to 12/11/28, that I last saw [illegible] alive on 12/11/28, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Contusion Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Millard Davis M. D.

, 19 (Address) 727 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

C 12 1928

Bureau of Health.

DEC 12 1928

Spec.—1-12-23—M&T—500 Blks.

E 40140 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40140

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 811 Arsquith St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hunt

(a) RESIDENCE NO. 811 Arsquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Della Hunt

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER Elias Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James Ellis

(Address) 1216 E Madison St

15 12 1928

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928 to Dec 11, 1928 that I last saw h alive on Dec 11, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Tuffelen M. D.

12-12 1928 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Crm

DATE OF BURIAL 12-13 1928

20 UNDERTAKER Byron H Knight

ADDRESS 1218 McElderry St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40141 E 40141

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. 10-14 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Samuel Serio

(a) RESIDENCE No. 1232 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Serio.

6 DATE OF BIRTH (month, day, and year) Jan 15/1874.

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54.	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit dealer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Charles Serio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Joseph Serio

(Address) 1232 N. Eden st.

15 Filed 12 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1928. to Dec. 10, 1928.

that I last saw him alive on Dec. 10, 1928

and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-Renal Vascular disease (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 10, 1928

Was there an autopsy? No Exploratory - by autopsy

What test confirmed diagnosis? Clinical-Surgical

(Signed) Jack J. Singer M. D.

12/12 1928 (Address) West Baltimore General Hosp

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec. 13. 1928

20 UNDERTAKER: Geo. J. Ruth ADDRESS 1735 Harford ave

CERTIFICATE OF DEATH. See instructions on back of certificates. IMPORTANT: IT IS VERY IMPORTANT THAT THE ANSWERS TO QUESTIONS BE FULL AND ACCURATE.

Spec.—2-29-28—L. F. S.—500 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40142

CERTIFICATE OF DEATH

E 40142

1—PLACE OF DEATH

REGISTERED NO. 50

CITY OF BALTIMORE: (No. 409 Whitridge Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Malstrom

(a) RESIDENCE NO. 409 Whitridge Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

.a If married, widowed, or divorced HUSBAND of (or) WIFE of Frankln. Malstrom

6 DATE OF BIRTH (month, day, and year) 5/13/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	27	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dalkmd

PARENTS

10 NAME OF FATHER John Mahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant G. Malstrom

(Address) 409 Whitridge Ave

15 Filed DEC 12 1928, 19 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1928, to Dec 10th, 1928, that I last saw h alive on Dec 10th, 1928 and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows

Hepatic Carcinoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter W. White M. D.

12/11, 1928 (Address) 2800 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 12/13/28

20 UNDERTAKER George D. Tuttle — ADDRESS 1135 Hartford

Spec.—1-10-21—M&T—1500 Bks.

E 40143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 W. Madison Ave (St.) 11-24 (Ward)

REGISTERED NO. 24-281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J. Buchanan

(a) RESIDENCE NO. 930 W. Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sandy Buchanan

6 DATE OF BIRTH (month, day, and year) Feb 19, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary J. Cole

(Address) 534 W. Fayette St.

15 C. HAMPSON JONES, M. D.

Registrar

Pat. NCB.

12 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 10, 1928,

that I last saw her alive on Dec 10, 1928,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

12-11, 1928 (Address) 924 W. Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 12/13 1928

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1681 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT SPECIFIC NATURE OF DISEASE OR CONDITION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

E 40144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40144

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Glenwood Ave, Govans ST. 27-48 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mc'Greevy

(a) RESIDENCE NO. 513 Glenwood Ave. Govans ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Thomas J. Mc' Greevy

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thomas J. Mc'Greevy
(Address) 513 Glenwood Ave.

15 Filed DEC 12 1928 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8 1928 to Dec. 10 1928, that I last saw her alive on Dec. 9 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Feb.
(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoess, M. D.

12-11 1928 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys (Govans) DATE OF BURIAL 12-13-28.

20 UNDERTAKER D. M. Fahey & Sons ADDRESS 1822 W North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40145

CERTIFICATE OF DEATH

90 E 40145

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2608 Southern Ave. WARD) 27-44

2—FULL NAME Margaret Beck

(a) RESIDENCE NO. 2608 Southern Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Beck

6 DATE OF BIRTH (month, day, and year): Aug 13/64

7 AGE — Years: 64 | Months: 3 | Days: 28 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Andrew Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. C. Turbig

(Address) 2608 Southern Ave

15 Filed DEC 13 1928 C. H. BROOKS JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 10/28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Dec. 10, 1928, that I last saw h[illegible] alive on Dec 10 1928 and that death occurred, on the date stated above, at 2 15 a.m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation + Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Chas. F. Fitzgerald, M. D.

12/11/1928 (Address) 1617 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Dec. 13/28

20 UNDERTAKER: Philip Sterz ADDRESS 2016 Gilmore St.

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 40146

CERTIFICATE OF DEATH.

E 40146

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St., 4-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Forrester

(a) RESIDENCE NO. 731 W Lombard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Shipping clerk

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER Wm H Forrester

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Doppel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Wm R. Forrester

(Address) 1619 E Eddy St

15 Filed _____ 19____ Registrar

DEC 19 1928 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) James M Hanlon M. D.

(Coroner)

12 12 1928 (Address) 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Boarding Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

How long was disease contracted, if not at place of death? ___

Where was disease contracted? Found on Pregnant

Former or usual residence 731 W Lombard

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial: Dec 15 1928

UNDERTAKER: Chas J Russ ADDRESS: 1 x y 3 Bway

Don't confuse the cause of death with the mode of dying, such as heart failure, asphyxia, anemia, etc. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40147

CERTIFICATE OF DEATH.

REGISTERED NO. E 40147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST. 16-68 WARD)

2-FULL NAME Dr. Max Freedman

(a) RESIDENCE No. 131 Renner Ave. Newark, New Jersey WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 14, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	28	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country) New York

PARENTS

10 NAME OF FATHER Jacob Freedman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Hodes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Husband
(Address)

15 Filed DEC 13 1928, 19 PM

C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13 1928

17 I HEREBY CERTIFY, That I attended deceased from November 18, 1928, to December 13, 1928, that I last saw him alive on December 13, 1928 and that death occurred, on the date stated above, at 1.45 A m

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 5 weeks ds.

CONTRIBUTORY (Secondary) Uremia; Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark, N. J.

DATE OF BURIAL 12-13-1928

20 UNDERTAKER Jack Lewis

ADDRESS 1739 E Balto.

IMPORTANT See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40148

CERTIFICATE OF DEATH.

90 E 40148

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Slacum.

(a) RESIDENCE NO. 910 Rosedale St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of WIFE of Grace Slacum.

6 DATE OF BIRTH (month, day, and year) June 1, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Luther M. Slacum.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary V. Florence.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant John F. Slacum, (son)

(Address) 910 Rosedale St.

15 Filed DEC 13 1928 C. Hampson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

12/12 1928 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 12/15 1928

20 UNDERTAKER William Cook ADDRESS 1215 St. Paul

Don't write in this space. Space must be entirely supplied. Information should be given in full. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40149

CERTIFICATE OF DEATH

100 001

E 40149

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: No. [redacted] ST., 6-10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Remmert Remert

(a) RESIDENCE NO. 135 No. Port ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Remert

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: about 84 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Char Woman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] HARRY M. JONES, M. D. Registrar

DEC 13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-10-28

17

I HEREBY CERTIFY, That I attended deceased from 12-16 1927 to 12-10 1928, that I last saw h[er] alive on 12-10 1928 and that death occurred, on the date stated above, at 8.35P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Finch M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 12/13 1928

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul St

Important. See directions on back of this sheet.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40150

CERTIFICATE OF DEATH.

74-001

E 40150

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals 8-40 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weber

(a) RESIDENCE NO. 3316 E Lyndale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma R. Weber

6 DATE OF BIRTH (month, day, and year) ? ? ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lithographer 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Brooklyn N Y.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Gladys Miller

(Address) 3316 East Lyndale

Filed DEC 13 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Fred H Gordon M. D. (Coroner)

, 19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3316 E Lyndale

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

Date of Burial 12/14/1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

(Physician should be careful to answer all questions. Omissions cause delay.)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Boundy

E 40151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40151

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Southern Hospital ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lydia Boundy

(a) RESIDENCE NO. Southern Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Boundy

6 DATE OF BIRTH (month, day, and year) Dec 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Henry Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Lydia Walker

(Address) 103 Milton Road

15 Filed DEC 13 1928 Registrar

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1928, to Dec 11, 1928,

that I last saw h[illegible] alive on Dec 10, 1928

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) T. Hayden, M. D.

, 19 (Address) 1237 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Park	12 13 1928

20 UNDERTAKER J. M. Cook

ADDRESS 1217 E. Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 40152 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40152

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 E. Monument St. 7-13 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Webster Brown

(a) RESIDENCE No. 1511 E. Monument St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Brown

6 DATE OF BIRTH (month, day, and year) Century

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Brown

(Address) 1511 E. Monument St.

15 Filed DEC 13 1928, 19 C. HAMPSON JONES, M. D. Registrar.

Per

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1928, to Dec 10, 1928, that I last saw him alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary Exam.

(Signed) Calvin B. LeCompte, M. D.

, 19 (Address) 814 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ad Burying Cemetery — DATE OF BURIAL: Dec 14 1928

20 UNDERTAKER Edward Bafarr — ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

217461

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 40153

E 40153

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 25-76 WARD)

2—FULL NAME Baby Lawson

(a) RESIDENCE NO. Chesapeake St- ST., Fairfield WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4, 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Thomas Heraton

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Josie Lawson

13 BIRTHPLACE OF MOTHER (city or town) N. Car -
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSP.

15 Filed DEC 13 1928 LEWELLYS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Dec - 11, 1928, that I last saw her alive on Dec - 11, 1928 and that death occurred, on the date stated above, at 9 a -m.

The CAUSE OF DEATH* was as follows:

Cong. Lues

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? S. Wassermann

(Signed) J. C. Godwin, M. D.

12/1, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery cemetery

DATE OF BURIAL Dec 12, 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40154

CERTIFICATE OF DEATH

49

E 40154

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2111 Park Ave ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac A. Gusdorff

(a) RESIDENCE NO. 2111 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Delia Gusdorff

6 DATE OF BIRTH (month, day, and year): March 22nd 1854

7 AGE: Years 74 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Executive

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alexander Gusdorff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Philippine Wessenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: C Gusdorff

(Address): 2111 Park Ave

15 Filed DEC 13 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928 to Dec 11, 1928, that I last saw him alive on December 11, 1928 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the lung

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Henry S. Willis, M. D.

, 19 (Address) Med. Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth Shalom — DATE OF BURIAL: 12/13 1928

20 UNDERTAKER: Harry Sondheim — ADDRESS: 118 W. Mt. Royal Ave

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40155

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3505 Morris Ave ST. 13-59 WARD)

2—FULL NAME Jacob Shein

(a) RESIDENCE NO. 3505 Morris Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Shein

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of emplnyer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Shein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

11 Informant: J. Lewis

(Address): 1439 E Balto

15 Filed DEC 13 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928 to Dec. 12, 1928, that I last saw him alive on Dec. 12, 1928 and that death occurred, nn the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-vascular Disease → several years

Hemiplegia 3 → 4 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia (duratinn) yrs. 2 mns. ds.

18 Where was disease enntracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Allen Jorgensen M. D.

, 19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side fnr additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Sinai Washington Road	12-13-1928

20 UNDERTAKER: Jack Lewis, 1439 E Balto

ADDRESS

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

220 E 40156

CERTIFICATE OF DEATH

101-001

REGISTERED NO. E 40156

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-53 WARD)

2—FULL NAME Henry Deise

(a) RESIDENCE NO. 930 Wyndhurst ST. Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly

(b) General nature of industry, business, or establishment In which employed (or employer) J H H

(c) Name of employer same

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John B.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Leila Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Kearsley

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 12/13/1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 11, 1928, that I last saw h alive on Dec 11, 1928, and that death occurred, on the date stated above, at 12 00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) R. T. Briggs M. D.

12/13 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Penna

DATE OF BURIAL 12/13 1928

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40157

CERTIFICATE OF DEATH. X 181-001 ✓

E 40157

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1730 St. Paul St. St. 12-19 (Ward)

2-FULL NAME Bertha J. Norris.

(a) RESIDENCE NO. Stewartstown, Pa. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced: Divorced.

5a If married, widowed or divorced (or) WIFE of: Winfield Norris.

6 DATE OF BIRTH (month, day, and year): October 7, 1903

7 AGE: Years 25 Months 2 Days 5 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Heaton.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Harford Co. Md.

12 MAIDEN NAME OF MOTHER: Jane Patterson.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pennsylvania.

14 Informant: Jane Heaton. (mother)

(Address): Stewartstown, Pa.

C. HAMPSON JONES, M. D.

Registrar

131928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) ## D.

(duration) yrs. mos. ds.

(Signed) John Leonard M. D.
(Coroner)

12/13 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lawnton Pa

Date of Burial: 12/15 1928

20 UNDERTAKER: H. H. Tabb Town Line Pa

ADDRESS

Dec 15 1928

Reg.

Filed

This should be carefully supplied. Every item should be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Fact should be carefully supplied. Every item should be answered. Exact statement of OCCUPATION IS OF DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40158

CERTIFICATE OF DEATH.

66

E 40158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 12-20 Ward)

2-FULL NAME Oscar H. Klett.

(a) RESIDENCE NO. 1823 Maryland Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	Widower.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Las Animas, Col.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Frank F. Carrigo.

(Address): 5 W. 21st. St.

EC 131928

C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 10, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/10 1928 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

1811 Mafyland Ave. Dec. 10, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem.

Date of Burial 12/13/ 1928

20 UNDERTAKER: Robt. J. Lamm & Brother

ADDRESS 1446 N

Par. Rec.

If correction should be necessary, apply to Registrar. Fact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 40159
REGISTERED NO.

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. 11-7 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME miss Leila Gittings

(a) RESIDENCE No. 605 St Paul ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred all her life (If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6 DATE OF BIRTH (month, day, and year) April-6-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Richard Jas. Gittings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Maryland

12 MAIDEN NAME OF MOTHER Victoria Sellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Maryland

14 Informant Miss Victoria Gittings
(Address) 231 W. Preston St

15 Filed DEC 13 1928 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec-7 1928 to Dec-12 1928, that I last saw h[illegible] alive on December-12 1928, and that death occurred, on the date stated above, at 1 2 [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy (duration) — yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure (duration) — yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? 605 St. Paul St

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earle C. Clemson, M. D.

19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem.

DATE OF BURIAL Dec 14 1928

20 UNDERTAKER Henry H. Hankins Sons

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40160

CERTIFICATE OF DEATH.

31 E 40160

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1014 N Castle ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis C Nizer

(a) RESIDENCE NO. 1014 N Castle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Artist

(b) General nature of industry, business, or establishment in which employed (or employer) Lithographer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas G. Nizer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth A Lefferts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mr Nicholas G Nizer

(Address) 1014 N Castle

15 Filed DEC 13 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 12, 1928,

that I last saw him alive on Dec 12, 1928

and that death occurred, on the date stated above, at 12 55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion & acute Dilatation of Heart

(duration) yrs. mos 15 Min.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. O. Carman, M. D.

Dec 13 1928 (Address) 1207 N. Carrollton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 15 1928

20 UNDERTAKER Peter Ulrich

ADDRESS 310 E Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

C. HAMPSON JONES

Per

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40161

24-001 E 40161

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 874 N Patterson Park Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Kruche

(a) RESIDENCE NO. 874 N Patterson Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Kruche

6 DATE OF BIRTH (month, day, and year): May 1-1849

7 AGE: Years 79 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: William Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Volgert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Otto Kruche

(Address): 874 N Patterson Park Ave

15 DEC 13 1928 C. HAMPSON JONES Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 11, 1928, that I last saw h[illegible] alive on Dec 10, 1928 and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Dietrich, M. D.

12/14, 1928 (Address) 436 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem

DATE OF BURIAL: Dec 13 1928

20 UNDERTAKER: John Lucas

ADDRESS: 736 E Lan

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 40162

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 40162

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 W. 29th St., 17-50 Ward)

2-FULL NAME Henry Davis

(a) RESIDENCE NO. 121 W 29th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	unknown.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 FATHER Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ann Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md Brown

14 Informant Geo S. Bantes

(Address) Cumberland Md

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. — ds.

Signed G. E. Slade M. D.

(Corner)

12/13, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md Date of Burial 12-13 1928

20 UNDERTAKER David Forbes ADDRESS Cumb

DO NOT FOLD. For placing upon permanent record. Be sure that OCCUPATION is properly classified. Exact statement of OCCUPATION of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 40163

HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 40163

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1136 Harlem ave St. 16-26 Ward)

2-FULL NAME Rena Fisher

(a) RESIDENCE NO. 1135 Harlen ave St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City md
(State or country)

PARENTS

10 NAME OF FATHER Rose Blunt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dont Know

14 Informant Marie Dixon
(Address) 610 Fremont ave.

15 Filed DEC 13 1928, 19 H. M. JOHNS, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage
Apoplexy (duration) yrs. mos. One

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

Dec 13 1928 (Signed) H. Johns M. D.
(Address) 1011 Ba & Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 12-13 1928

20 UNDERTAKER David Corbin & Co ADDRESS 916

Don't should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40164

CERTIFICATE OF DEATH.

88

E 40164
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Brooks

(a) RESIDENCE NO. 820 Bradley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Brooks

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Thomas Brooks

(Address) 820 Bradley St

Filed DEC 13 1928 E. HAYDON JONES, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to (Her) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. ds.

(Signed) Eugene Gilbert M. D.
(Coroner)

12/11, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 12-13 1928

20 UNDERTAKER: Durnal Easton ADDRESS 916 Ostend

Use ordinary writing ink. Fill out completely. Write plainly. Spell out all words. Do not abbreviate. Be sure to answer every question. Make no erasures. Do not fail to sign certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40165

REGISTERED NO. 40165

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. 1922 Fulton Ave., ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Clements

(a) RESIDENCE NO. 1922 Fulton Ave ST. WARD 21

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign born? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jake Clements

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 53 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): London, England

PARENTS

10 NAME OF FATHER: Harris Caro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Leah -?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: J. Lewis

(Address): 1439 E Balto.

15 Filed DEC 13 1928 HUGH R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12-1928

17

I HEREBY CERTIFY, That I attended deceased from September, 1928, to December 12, 1928,

that I last saw her alive on December 12, 1928

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

Pyretic Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): cystitis & retention of the urine

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Dr. Boggs & Laboratory

(Signed) Dr. A. H. A. Mayer, M. D.

VIII. 12. 1928 (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetary — DATE OF BURIAL: 12-14-1928

20 UNDERTAKER: Jack Lewis, 1439 E Balto. St — ADDRESS

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40166 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40166

99-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. monument St. 4 WARD)

2-FULL NAME Mr. Samuel Stein

(a) RESIDENCE NO. 202 S. Washington ST., WARD 14

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Bessie Stein

6 DATE OF BIRTH (month, day, and year): March 11-1886

7 AGE: Years X — Months 9. 11 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: David Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rosa Freidinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Bessie Stein

(Address): 202 S. Washington St

15 Filed DEC 13 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Dec. 12, 1928,

that I last saw him alive on Dec. 12, 1928,

and that death occurred, on the date stated above, at 2:40 A m.

The CAUSE OF DEATH* was as follows:

pemphigus

(duration) yrs 10 mos ds.

CONTRIBUTORY (Secondary) a purulent bronchitis

(duration) 0 yrs 1 mo mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) B J Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehrens Friendship

DATE OF BURIAL: 12/13 1928

UNDERTAKER

ADDRESS: Jack Levis 1439 E Balt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXAMINATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blk. See Letter in File Dr Isaac, dated Dec 19-1928
Changing age to 58 yrs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40167

E 40167

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH Sinai Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-70 St., WARD)

2-FULL NAME Betty Cherkovsky.

(a) RESIDENCE No. 1809 Linden Ave., ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6[illegible]			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 E. Baltimore St.

15 Filed DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1923, to —, 19—,
that I last saw her alive on Dec 12, 1928,
and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 4 yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Diabetic coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? ?

What test confirmed diagnosis?

(Signed) H. Friedenwald, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel — DATE OF BURIAL 12-14-1928

20 UNDERTAKER Jack Lewis, ADDRESS 1439 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Write plainly with pen and ink. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Donaldson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40168

CERTIFICATE OF DEATH

+84

E 40168

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2018 Dukeland ST., 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leota M. Donaldson

(a) RESIDENCE NO. 2018 Dukeland ST., WARD Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. (mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 12 1888

7 AGE: Years 40; Months 8; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Charlie Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Scompton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lenna Donaldson

(Address): 2018 Dukeland St

15 Filed DEC 13 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 19 28, to Nov. 2, 19 28, that I last saw h alive on Nov 11, 19 28 and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows: Pain Uremia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) [illegible], M. D.

, 19 (Address) 1439 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hamilton Va

DATE OF BURIAL: 12/13 19 28

20 UNDERTAKER: William Cook

ADDRESS: 1217 E. Baltimore St.

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40169

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1504 De Soto Rd ST. 25-77 WARD)

2-FULL NAME John Rittmeyer sr.

(a) RESIDENCE NO. 1504 De Soto Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Dorothy Rittmeyer

6 DATE OF BIRTH (month, day, and year) April 11, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Rittmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Schick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Rittmeyer Jr 1504 De Soto Rd

15 Filed DEC 13 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928 to Dec. 13, 1928.

that I last saw him alive on Dec. 12, 1928,

and that death occurred, on the date stated above, at 7. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss, M. D.

12/13 1928 (Address) 1901 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 17 1928

UNDERTAKER: Mr - Mrs Jr S' Smith — ADDRESS: 2512 Guilford Ave

CAUSE OF DEATH to be plainly written in ink. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40170

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Holbrook ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Glisch.

(a) RESIDENCE NO. 1426 Holbrook ST., 9 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Glisch.

6 DATE OF BIRTH (month, day, and year) Jan. 21st 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER ? Kunkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Glisch.
(Address) 1426 Holbrook St.

15 Filed Dec. 13 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20 19 28 to Dec. 11 19 28

that I last saw her alive on Dec. 10 19 28

and that death occurred on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. Ridlon Rey M. D.

(Address) 600 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Dec. 14th 1928
20 UNDERTAKER	ADDRESS
Lilly & Geisendorf	408 S. Wolfe St

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40171

CERTIFICATE OF DEATH.

49 E 40171

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen Hosp. ST. (WARD) 8 76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas M Smith

(a) RESIDENCE NO. 1350 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 1 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65		9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Thos M Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Hosp. Records

(Address)

15 Filed DEC 13 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-2, 1928 to 12-12, 1928

that I last saw him alive on 12-12, 1928

and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of
Rt antrum

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8-25-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Kempelmeier, M. D.

Dec 17 1928 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 15 1928
20 UNDERTAKER George J Smith	ADDRESS 1532 Hallins

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40172

CERTIFICATE OF DEATH

74 E 40172

1-PLACE OF DEATH Aged Mens Home

REGISTERED NO.

City of BALTIMORE: (No. 1400 W Lexington St., 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barney De Corse

(a) RESIDENCE NO. 400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	78	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Fort Lee N.J.

PARENTS

10 NAME OF FATHER Barney De Corse

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Frances Norte

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs M E Forestal

(Address) 1400 W Lexington St

Filed DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 12, 1928, that I last saw alive on Dec 11, 1928, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (St. Cerebral Hem.) Pt. had St. Cerebral Hem. some yrs. ago.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) ? yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin D Jones M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — Date of Burial Dec 14 19 28

20 UNDERTAKER George J Smith — ADDRESS 1534 Hollins

tion should be carefully supplied. Avoid abbreviations. Write plainly in ink. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40173

CERTIFICATE OF DEATH

154-002

E 40173

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 5002 Linden Ave ST., 27th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Willis Elsham

(a) RESIDENCE NO. 5002 Linden Ave ST., Balto WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1928

7 AGE	Years	Months	Days	If LESS than 1 day— hrs. or min.
				10 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William J. Elsham

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catharyn Dohler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant William Elsham
(Address) 5002 Linden Ave

15 Filed DEC 13 1928, 19 C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 19 28 to Dec 13, 19 28

that I last saw her alive on Dec 13, 19 28

and that death occurred, on the date stated above, at 3 32 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Louis Steinmann, M. D.

12/17, 19 28 (Address) 2214 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL Dec 13, 1928

20 UNDERTAKER Louis Steinmann — ADDRESS 32 S Broadway

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40174 E 40174

CERTIFICATE OF DEATH

38

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Thomas

(a) RESIDENCE NO. 1010 Hilock ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND nf (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: 28 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession nr particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed: DEC 13 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-28

17 I HEREBY CERTIFY, That I attended deceased from 12-10, 19 28, to 12-12, 19 28, that I last saw her alive on 12-12, 19 28, and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Syphilitic meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date nf

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) ( ) M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: 12-14-1928

20 UNDERTAKER: Daniel Easton ADDRESS: 916 Penna. ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40175

CERTIFICATE OF DEATH.

114

E 40175

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Jasper St. 17-25 Ward

2-FULL NAME Hester Robinson

(a) RESIDENCE NO. 608 Jasper St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ? mos. dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Robinson.

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE: Years 35 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto md

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Randolph Sewell

(Address) 546 Lombard St

15 Filed 19

C. HAMPSON JONES, M. D.

Registrar

C 131928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Linthicum M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Auburn

Date of Burial: 12-14-1928

20 UNDERTAKER: Daniel Easter & Co

ADDRESS 916

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40176 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40176

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (ST.) 900-71 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Cecelia Walsh

(a) RESIDENCE NO. 18 (ST.) Augusta Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10, 1895

7 AGE: Years 33 Months 5 Days 19 If LESS than 1 day, hrs. or min. 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John J. Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah J. Otten

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Sarah J. Walsh

(Address) 18 Augusta Ave

15 C. HARRISON JONES, M. D.

Registrar

13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12 28

17 I HEREBY CERTIFY, That I attended deceased from 12-9, 19 28, to 12-12, 19 28, that I last saw h[illegible] alive on 12-12, 19 28, and that death occurred, on the date stated above, at 5 42 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia & Cerebral Haemorrhage (duration) 28 yrs. 10 mos. 9 ds.

18 Where was disease contracted if not at place of death? at above address

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Test

(Signed) Nicholas Bonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: Dec. 14 1928

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 14 Wright St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

E 40177

1—PLACE OF DEATH

REGISTERED NO. 43-34

CITY OF BALTIMORE: (No. 1417 Patapsico St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vincent Jirsa

(a) RESIDENCE NO. 1417 Patapsico St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sauers Jirsa

6 DATE OF BIRTH (month, day, and year) Dec 10 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Upenna

PARENTS

10 NAME OF FATHER John Jirsa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Ida Knouri

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Mrs Mary Jirsa

(Address) 1417 Patapsco St.

15 [illegible], 19 HAMILTON JONES, M. D. Registrar

C 13 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12th. 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18th., 19 28, to Dec. 11th., 19 28,

that I last saw h alive on Dec. 11th., 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. V. Cavalaire M. D.

, 19 (Address) 24 E Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holylwood A.A. Co.	Dec 14 1928
20 UNDERTAKER Margaret E Flynn	ADDRESS 1411 Light St.

Important.—Be sure every item is answered.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40178

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Wallace ST. 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Conrad Franck.

(a) RESIDENCE NO. 1807 N. Wallace ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Franck

6 DATE OF BIRTH (month, day, and year): Nov 17/1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber. Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Franck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: B. Vanbrun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Lena Franck.
(Address): 1807 N. Wallace st

15 Filed DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-28.

17 I HEREBY CERTIFY, That I attended deceased from 9-15- 1928 to 12-12- 1928

that I last saw him alive on 12-12- 1928

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Vincents angina - arteriosclerosis - Chronic myocarditis - Chronic nephritis -

CONTRIBUTORY (Secondary) anuria. (duration) yrs. 2 mos. 27 ds. toxaemia. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Abner Bowden, M. D.

12/12/1928 (Address) 1518 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec. 16, 1928

UNDERTAKER: J. Ruth — ADDRESS: 1235 Harlem

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40179

CERTIFICATE OF DEATH.

90 E 40179

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1804 Aisquith St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James V. McCarron

(a) RESIDENCE NO. 2535 E. Monument St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances McCarron

6 DATE OF BIRTH (month, day, and year) Sept 15/1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Chief of

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer Fire Dept.

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Patrick McCarron

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Trainer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant James McCarron (son)

(Address) 2535 E. Monument St.

15 Filed C. HAMILTON JONES, M. D. Registrar

131928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Patterson M. D.
(Coroner)

(Address) 12/12/28 19 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemty	Dec 15 1928

20 UNDERTAKER Geo. F. Ruth ADDRESS 1735 Harford

Physician should be extremely careful that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

3005 Eutaw Pl

E 40180 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40180

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 1718 E Lanvale ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia F. Newkirk

(a) RESIDENCE NO. 1718 E Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late George E Newkirk

6 DATE OF BIRTH (month, day, and year): Feb 11 1853

7 AGE: Years 75 | Months 9 | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm Homan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frank Sander

(Address): 1718 E Lanvale

15 Filed: DEC 1 1928 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Lexington 19 .

that I last saw her alive on Dec. 11th 1928

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis.

Arteriosclerosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Watts M. D.

19 (Address) 3005 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Dec 15 1928

20 UNDERTAKER: Geo. A. Ruth

ADDRESS: 1725 Madison Ave

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40181

CERTIFICATE OF DEATH

162 E 40181

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby boy Jones.

(a) RESIDENCE NO. 632 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER James Jones.

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Clydie ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant

(Address)

15 Date received DEC 13 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 - 28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1928, to Dec. 10, 1928, that I last saw h[illegible] alive on Dec. 10, 1928 and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic disease of new born.

24 hrs. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Icterus neonatorum

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Examination.

(Signed) J. C. Hudson, M. D.

12/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL DEC 13 1928

important. See instructions on reverse

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

210 E 40182 — 118-002 — E 40182

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Shirley Patterson

(a) RESIDENCE NO. 1808 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Herman Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Liggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed DEC 13 1928, 19 C. HAMPSON JONES Registrar

3036 DRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 / 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 11, 1928, that I last saw h[illegible] alive on Dec 11, 1928, and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 10, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) Clarence B Gardner Jr. M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL

JOHNS HOPKINS HOSPITAL

Commissioner of Health

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40183 E 40183

CERTIFICATE OF DEATH.

REGISTERED NO. 1617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1947 (Street) Ridge Hill (formerly Ridgely St.) (Ward) 15 to 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Hitchcock

(a) RESIDENCE No. 1947 (Usual place of abode) Ridge Hill ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 12th 1928

7 AGE: Years | Months | Days: 1 | If LESS than 1 day 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none (Infant)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Elmer Hitchcock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Grace Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Grace Hitchcock 1947 Ridge Hill St.

15 Filed: DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1928, to Dec. 12th 1928, that I last saw h[illegible] alive on Dec. 12th, 1928, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

Premature Birth (8 mo. gestation)

(Lived 6 hours) (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lung

(Signed) Elbert C. Rafter M. D.

12/12, 1928 (Address) 2227 N. Fulton Av. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

DEC 13 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 40184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40184

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3300 (St.) Brady Ave (Ward) 25-76

REGISTERED NO 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Eugene Snowden

(a) RESIDENCE No. 3300 (St.) Brady Ave (Ward) Fairfield

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months: 4 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER James E. Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER Sarah Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D. C.

14 Informant Sarah Snowden

(Address) 330 Brady Ave Fairfield

15 Filed DEC 13 1928 C. HAMPSON JONES M. D. (Registrar)

3042 NPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 10, 1928, that I last saw him alive on Dec 9, 1928 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Pneumonia 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. H. Natelson, M. D.

12/10, 1928 (Address) 1745 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

DEC 13 1928

Spec.—1-12-23—MAT—500 Bks.

E 40185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40185

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hosp's

CITY OF BALTIMORE: (No. Balto Md! ST. 18 W WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Cole

(a) RESIDENCE NO. 12 N. Amity St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 6th

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hosp's (Address) Balto Md

15 12/13/1928 C. HAMPSON JONES, M. D., Registrar

Per 3011 ptw

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-5, 1928, to 12-10, 1928,

that I last saw him alive on 12-10, 1928

and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lues Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serological

(Signed) Harry Greenblatt M. D.

12/11, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE... Disinterred and buried in the National Cem... DATE OF BURIAL 12/29 1928

20 UNDERTAKER Daniel Easton 91609 ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40186

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) Broadway & Fairmount (St.) 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Sansbury

(a) RESIDENCE NO. Forestville 2nd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie E. Sansbury

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 59; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Nellie E. Sansbury

(Address) Forestville Md R.F.

15 Filed DEC 13 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 1928, to 12/13, 1928, that I last saw him alive on 12/13, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/27/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo B. Wallace, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D C.

DATE OF BURIAL: Dec 13 1928

20 UNDERTAKER: Martin W. Hyson Co

ADDRESS: 1300 N Pont

C 13 1928

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40187 E 40187

CERTIFICATE OF DEATH.

101-98

REGISTERED NO. 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4900 Liberty Hts Ave ST. WARD

2-FULL NAME Mrs Sarah E Edes

(a) RESIDENCE NO. 4900 Liberty Hts Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of) or (WIFE of): Thomas Edes

6 DATE OF BIRTH (month, day, and year): Nov 24 1845

7 AGE: 83 Years 8 Months 5 Days 0 19 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Home duties

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Rock Hall Md

PARENTS

10 NAME OF FATHER: Wm. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chestertown Md

12 MAIDEN NAME OF MOTHER: Harriet Maslin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co Md

14 Informant: Mrs. Short (Address) 4900 Liberty Heights Ave

15 Filed DEC 13 1928 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 13, 1928, that I last saw her alive on Dec 12, 1928, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary): Senility & Arterio-Sclerosis

(duration) — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Symptoms

(Signed) C. B. Turner, M. D.

12/13 1928 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 12/15 1928

20 UNDERTAKER: W. M. Cook

ADDRESS: 1217 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

131928

Spec.—2-29-28—L. F. S.—500 Bks.

(Theodore Savicki)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40188

CERTIFICATE OF DEATH

45

E 40188

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO. (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

C 131928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/28

17 I HEREBY CERTIFY, That I attended deceased from 12/7, 19 28, to 12/13, 19 28, that I last saw him alive on 12/12, 19 28, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Duration yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	12/15 19 28
20 UNDERTAKER	ADDRESS
M. Cook	1217 E. Pratt

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40189

CERTIFICATE OF DEATH.

88 E 40189

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital Ward

2-FULL NAME Sam'l L. Tull

(a) RESIDENCE NO. 1208 W. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Tull

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE — Years: 56 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Sam Tull

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Alonza Tull

(Address): 1040 W. Fayette

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brown M. D.

(Coroner) S. W. Cor. Eutaw & Lombard

, 19 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 10 yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md — Date of Burial: 12/14/28 19

20 UNDERTAKER: H. M. Cook — ADDRESS: 1211 E. Baltimore

DEC 13 1928

Don should be exercised to insure that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 E 40190

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 6005 Ready Av ST. 27-16 WARD

2-FULL NAME Joseph Andrew Hooper

(a) RESIDENCE NO. 6005 Ready Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 43 yrs. 8 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Stella Hooper

6 DATE OF BIRTH (month, day, and year): March 13 1885

7 AGE — Years: 43 Months: 8 Days: 29 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Clothes

(c) Name of employer: F. A. Patrick & Co.

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co. Maryland

PARENTS

10 NAME OF FATHER: Joseph A. Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Mary's Co Maryland

12 MAIDEN NAME OF MOTHER: Alice E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Co Maryland

14 Informant: Mrs Mary S. Hooper (wife)

(Address): 6005 Ready Av

15 Filed ... C. HAMPSON JONES, M. D. Registrar

Date ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/30, 1928, to 12/12, 1928, that I last saw him alive on 12/12, 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Stomach cancer in pylorus
Non-Hodgkin lymphoma
Liver mets

(duration) yrs mos 5 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Geo C Olch M.D.

12/13 1928 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 14/ 1928

20 UNDERTAKER: Stewart & Comm Co — ADDRESS: Balto

CAUSE OF DEATH to be plainly written. Name of disease, and not mode of dying, must be given. TION is very important. See instructions on back of certificates.

C 13 1928

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40191

CERTIFICATE OF DEATH.

x 90

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 702 Springfield Ave St. 27-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amelia Carr

(a) Residence No. 702 Springfield Ave St., Ward Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 24 1860

7-AGE. 67 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....mio.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Pottsville Pa

PARENTS.

10-NAME OF FATHER. John Higgins

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Flanagan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

11-(Informant) Mrs Rud Leary

(Address) 702 Springfield Ave

15-Filed DEC 31 1928 C. HAMPSON JONES, M. D. Registrar.

131928

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 13 1928

17-I HEREBY CERTIFY, That I attended deceased from December 2 1928 to Dec 13 1928

that I last saw her alive on December 13 1928

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hog decandita

(Duration) 30 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Glasgow M. D.

19 (Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Phila Pa. DATE OF BURIAL. 12/17 1928

20-UNDERTAKER. Wm M. Medefield ADDRESS 501 E 22 St.

In pencil write instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1.00-001

E 40192

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Kramer

(a) RESIDENCE NO. 2032 Odrans St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Kramer

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): J. Lewis 1439 E Balto St

15 Filed DEC 14 1928 19 [illegible] Registrar

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-14-28 19

17

I HEREBY CERTIFY, That I attended deceased from December 9, 1928, to December 14, 1928, that I last saw h[illegible] alive on December 14, 1928, and that death occurred, on the date stated above, at 2:50 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia, right lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick Adolf M. D.

12-14 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: New Herring Run — DATE OF BURIAL: 12-14- 19 28

20 UNDERTAKER: Jack Lewis, 1439 E Balto — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Lappin

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001

CERTIFICATE OF DEATH.

E 40193

E 40193

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 5-8 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Lappin

(a) RESIDENCE NO. 123 N. Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Wido~~ Solomon Lappin

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80?	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Kuff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Lewis 1439 Eastern Ave.

15 Filed DEC 14 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Dec 13, 1928,

that I last saw her alive on Dec. 13, 1928,

and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute myeloid leukemia.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure (acute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Hyman, M. D.

Dec 13 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Wash. Road

DATE OF BURIAL 12-14-1928

20 UNDERTAKER Jack Lewis, 1439 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 40194

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Ferndale Ave (WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Bennett Taney

(a) RESIDENCE NO. 3208 Ferndale Ave.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ambrose W. Taney

6 DATE OF BIRTH (month, day, and year) Dec 2-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant Ambrose W. Taney

(Address) 3208 Ferndale Ave

DEC 14 1928 HARRISON JONES, M. D. Registrar

Per Ridgely

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from 1926, 19..., to Dec 13/28, 19..., that I last saw h[illegible] alive on Dec 12 1928 and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Probable Carcinoma Pelvis and pelvic glands (duration) about 2 yrs

CONTRIBUTORY (Secondary) Carcinoma of Uterus (duration) about 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? about 3 mo ago

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Supposed

(Signed) W. S. Willett M. D.

Dec 13/28 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	Dec 14 1928
20 UNDERTAKER Wm Wilkinson & Son	ADDRESS North Ave

Important: See instructions on other side before writing.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1928
20
1908

117 E 40195

E 40195

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST. 00-64 WARD)

2-FULL NAME Elmer Bode BODE.

(a) RESIDENCE NO. 2541 Ashton ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8th 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	20	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) N.Y. 5 10 STORES

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John A. Bode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Gertrude Eich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant JOHN A. BODE (Address) 2541 ASHTON ST

15 Filed DEC 14 1928 19 CLINTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13 1928

17

I HEREBY CERTIFY, That I attended deceased from December 10, 1928 to December 13, 1928 that I last saw him alive on December 13, 1928 and that death occurred, on the date stated above, at 7 a m

The CAUSE OF DEATH* was as follows:

Gangrenous appendicitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of December 10-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operative

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer DATE OF BURIAL Dec 17 1928

20 UNDERTAKER J. B. WIPPERT, 1850 W. BALTIMORE, St.

ADDRESS

CAUSE OF DEATH must be plainly stated. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Chepregi

E 40196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44

E 40196

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Glyndon St. 21-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna R. Chepregi

(a) RESIDENCE NO. 1336 Glyndon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C Chepregi

6 DATE OF BIRTH (month, day, and year): April 27th 1868

7 AGE: Years 60 Months 7 Days 15 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Anton Rathie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Rosalie Schmick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: John C Chepregi

(Address) 1336 Glyndon St.

15 Filed DEC 14 1928 C. H. WILLIAMSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11th 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Dec 1, 1928

that I last saw h alive on Dec 1 1928

and that death occurred, on the date stated above, at 11 1/2 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Dorn M. D.

, 19 (Address) 227 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 14th 1928
20 UNDERTAKER	ADDRESS
A. S. Kilpatrick	1850 N Caroline St.

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40197

CERTIFICATE OF DEATH

46 ~ E 40197

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1415 Park Ave ST) 14-70 (WARD)

2—FULL NAME Ella Grace Stone

(a) RESIDENCE NO. 1415 Park Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 6 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER James H. Stone

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan E. Arndorff

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Frances Abbett Stone
(Address) 1415 Park Ave.

15 Filed DEC 14 1928 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Dec 12, 1928, that I last saw h[illegible] alive on Dec 8, 1928 and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Ovarian Carcinoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) L. B. Gilchrist, M. D.

12/13, 1928 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Dec 14 1928
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Place

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40198

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 40198

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 22-32

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Frazer

(a) RESIDENCE NO. 64 York Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gent.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Nathan Frazer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Sarah Steel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): BALTIMORE CITY HOSPITALS

15 Filed [illegible] 1928 C. HAMILTON JONES, M. D. Registrar

EC 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/8/28

17 I HEREBY CERTIFY, That I attended deceased from 10/9, 19 28, to 12/11, 19 28, that I last saw h— alive on 12/11, 19 28, and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 2ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. M. Hoch, M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths due to Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Dec 1928

20 UNDERTAKER: Fred. A. Krauss Son

ADDRESS: 703 Hamilton

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 40199

40199

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST., 18-26 WARD)

2—FULL NAME Maggie Davis

(a) RESIDENCE NO. 1100 West Fairmont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: 52 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emily Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friends (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 14 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-28

17 I HEREBY CERTIFY, That I attended deceased from 4-30, 1927, to 12-10, 1928, that I last saw her alive on 12-10, 1928 and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows: Potts Disease, 11th dorsal vertebra

CONTRIBUTORY (Secondary) Sinus (duration) 1 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Path. X Ray

(Signed) H. W. Mack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec. 15, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 Schroeder St

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40200
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 40200
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1040 Aisquith St. 10-14 WARD)

2-FULL NAME Catherine M. McIntyre

(a) RESIDENCE No. 1040 Aisquith ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ambrose McIntyre

6 DATE OF BIRTH (month, day, and year) April 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Franklin Hopper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Anne Co Md.

12 MAIDEN NAME OF MOTHER Mary Kennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Husband Ambrose McIntyre
(Address) 1040 Aisquith St.

15 Received DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Dec 12th 1928.
that I last saw h[er] alive on Dec 11th 1928.
and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Valv. Endocarditis.
with failing Compensation

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferies Busk, M. D.
12/13 1928 (Address) 110 S. Chas. Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 15 1928

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E Eager St.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.
TION is very important

Spec.—1-12-23—M&T—500 Blks.

E 40201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E 40201

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1629 McElderry ST., 7-4 WARD)

2-FULL NAME Vastine Rice

(a) RESIDENCE NO. 1629 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about 33				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Some.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) S. C

PARENTS

10 NAME OF FATHER Hadler Rice.

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Eliza Raysor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14

Informant Mrs Rice.

(Address) 1625 Mulberry

15 Filed DEC 14 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13- 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-10- 1928, to 12-13- 1928,

that I last saw h alive on 12-12- 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W H Haggis, M. D.

12-13-1928 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Calvary Cem 12-17-1928

20 UNDERTAKER — ADDRESS

Jas Sr. Skinner 1620 E. Madison

CAUSE OF DEATH must be stated. See instructions on back of certificates. TION is very important

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40202

CERTIFICATE OF DEATH.

38

E 40202

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 N Spring ST., 9-17 (WARD)

2-FULL NAME Emma Wright

(a) RESIDENCE NO. 1703 N Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23, 1881

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
47	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butler Md

PARENTS

10 NAME OF FATHER Isaac Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Annie Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Wm Wright (Butler) Stevensville Md.

15 Filed DEC 14 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Dec 13, 1928, that I last saw h alive on Dec 13, 1928, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Aneurysm Aorta

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Patent Ductus

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Gruby, M. D.

12/13, 1928 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 12-14 1928

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Pa ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40203

CERTIFICATE OF DEATH.

161-001 E 40203

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Prout

(a) RESIDENCE NO. Friendship, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 13/25

7 AGE: Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or....min.: 22 hrs

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): A. A. Co., Md.

PARENTS

10 NAME OF FATHER: Phillip Prout

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Susie Leitch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: father

(Address): Friendship, Md.

15 Filed ..... 19.... HAMILTON JONES, M. D. Registrar

DEC 14 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 '25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (Bet 6 & 7 mons gest)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Bell M. D.

(Coroner)

12/14/25 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship Date of Burial Dec 16 1925

20 UNDERTAKER: H. C. Welch ADDRESS Friendship

tion should be carefully supplied. Avoid use of terms not properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-004

E 40204

E 40204

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 Myrtle Ave) (Ward) 17-24

2-FULL NAME Emil Caytes

(a) RESIDENCE NO. 1316 Myrtle Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): Mar 1880

7 AGE: Years 48 Months 8 9 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress. 041

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): ( )

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): ( )

(State or country)

14 Informant: Frank Kinsley

(Address): 1316 Myrtle Ave

15 Dec 17 1928 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (Duration) ..... yrs. Sudden ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Leuk M. D.

(Coroner)

Dec 17 1928 (Address) 1016 Fort Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Dec 15 1928

Auburn Cemetery

20 UNDERTAKER: John H Owens ADDRESS: 535 Pulaski St

C 1

tion should be carefully supplied. All answers must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40205

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Rutland Ave ST., 7-13 WARD)

2—FULL NAME Mary E. Clautice

(a) RESIDENCE NO. 719 N. Rutland Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth 80 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years: about 80; Months: —; Days: —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Joseph Clautice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara Kalbfus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Laura F. Clautice

(Address) 719 N. Rutland Ave.

15 Filed DEC 14 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1928 to Dec. 13 1928 that I last saw her alive on Dec. 12 1928 and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis + Complication of Diseases (duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Postive

(Signed) Dr. G. [illegible] M. D.

12-13 1928 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec. 15th 1928

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40206

CERTIFICATE OF DEATH

11-E 40206

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 N. Washington ST., 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna. F. Bruder

(a) RESIDENCE NO. 2037 N Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): March 23 1861

7 AGE: Years 67 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Joseph Bruder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary M. Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss M. S. Bruder

(Address) 2037 N. Washington St.

Filed DEC 14 1928, 19

C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1928, to Dec 13 1928, that I last saw h alive on Dec 13 1928 1.40 P m. and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

R. Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Lobar

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. O. Cannon, M. D.

12 13 1928 (Address) 1701 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Henry Hoeck Son ADDRESS: 1301 E Eager St

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 40207

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. S.W. Cor. Eager & Edenst. 16-13 Ward)

2-FULL NAME August L. Ledermann

(a) RESIDENCE NO. 1411 E. Eager St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Aug 10-1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	02	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Lawrence Ledermann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Gerke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Miss Anna Ledermann

(Address) 1411 E. Eager St

15 Filed DEC 14 1928 19 C. HAMPSON JONES, M.D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellatis

(duration) yrs. mos. ds.

(Signed) J. H. Price, M. D. (Coroner)

19 12/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Redeemer cemetery Date of Burial Dec 17 19 28

20 UNDERTAKER Henry Hoeck & Son ADDRESS 1301 E Eager St

DEC 14 1928

Spec.—2-29-28—L. F. S.—500 Bks.

Georgiana Toney

HEALTH DEPARTMENT—CITY OF BALTIMORE

219 401 E 40208 X 46 E 40208

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) [illegible] ST., 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgiana Toney

(a) RESIDENCE NO. Belair, md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 13 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Toney

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: Years 60-70 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alice Archer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

15 Date Received: DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

Reg. No. 2145

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13-28

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Dec 13, 1928, that I last saw h[illegible] alive on Dec 13, 1928, and that death occurred, on the date stated above, at 7 50 a. m.

The CAUSE OF DEATH* was as follows:

Myomata uteri with Sarcomatous degeneration
Cystitis, pyelitis, + pyelonephritis produced
by B. Coli communis Uremia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Ureteral obstruction - Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Belair Maryland

Did an operation precede death? No Date of

Was there an autopsy? Yes [urine cultures

What test confirmed diagnosis? Autopsy + blood chemistry

(Signed) H. L. Everett, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hender Hill, Dec 17, 1928

DATE OF BURIAL

20 UNDERTAKER: Dean & Foster

ADDRESS: Belair, Md.

IMPORTANT—Fill in all items in plain terms, so that it may be properly understood. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40209

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 26-37

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sidney Kimball

(a) RESIDENCE NO. none given ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	W

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER not stated

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Friends (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 14 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-28

17 I HEREBY CERTIFY, That I attended deceased from 7-10 . 19 28 . to 12-11 . 19 28

that I last saw him alive on 12-11 . 19 28

and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Herpes Zoster, arteriosclerosis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. W. Stack, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	12-14-28
20 UNDERTAKER Wm. R. C. Elliott	ADDRESS 1725 Eastlan

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40210

CERTIFICATE OF DEATH.

100-001

E 40210

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Allesane ST. 2 WARD)

2-FULL NAME Mary M. Smith

(a) RESIDENCE NO. 1515 Allesane ST., 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Co	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Ed. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry E. Smith (Father)
(Address) 1515 Allesane St

15 Filed ... 19 ...
For ... Registrar

C. HAMPSON JONES, M. D.

DEC 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1928, to Dec. 13, 1928, that I last saw h[illegible] alive on Dec. 13, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchs - Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Grace Pringle, M. D.

12/13, 1928 (Address) 1001 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL Dec 15 1928

20 UNDERTAKER Lilly + Zeiler Inc

ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 ✓

CERTIFICATE OF DEATH

E 40211 — 1—PLACE OF DEATH

E 40211 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6115 Fairdel ave ST., 27-43 WARD)

2—FULL NAME Margaret Jarvis Mackin

(a) RESIDENCE NO. 6115 Fairdel ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed, or Divorced, (write the word)~~: single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: child

6 DATE OF BIRTH (month, day, and year): Dec 3-1928

7 AGE — Years | Months | Days: 10 | 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: John H. Mackin

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York.

12 MAIDEN NAME OF MOTHER: Margaret Jarvis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: John H. Mackin
(Address): 6115 Fairdale ave.

15 Filed: DEC 14 1928 — C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928 to Dec 14, 1928

that I last saw h[illegible] alive on Dec 14, 1928

and that death occurred, on the date stated above, at 1 A M

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(duration) yrs. 13 mos. hours ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Fred. J. Zimmerman M.D.

12-14, 1928 (Address) 2858 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec 14 1928

20 UNDERTAKER: Edward L Lilly — ADDRESS: 338 Belvedere Ave

IMPORTANT. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E40212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E40212

REGISTERED NO. 13-57

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Berry

(a) RESIDENCE NO. 3724 Falls Road St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy E Berry

6 DATE OF BIRTH (month, day, and year): Feb 7 1872

7 AGE — Years: 56 Months: 10 Days: 10 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Dorothy E. Berry

(Address) Bladensburg, Md. R.F.D.

Filed DEC 14 1928 H. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/6/28, 19, to 12/14/28, 19, that I last saw h[illegible] alive on 12/14/28, 19, and that death occurred, on the date stated above, at 12[illegible] m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

(duration) yrs. mos. 21 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winchester Va — Date of Burial: Dec 15 28

UNDERTAKER: Grace F. Burgee — ADDRESS: 303 Mallold

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40213

CERTIFICATE OF DEATH.

66 E 40213

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 Painters Court, St., 5-8 Ward)

2-FULL NAME John Brown.(C)

(a) RESIDENCE NO. 12 Painters Court. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Eva Brown.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Joseph Brown.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Sherry Clanton.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant Mamie Fane.(C) niece.

(Address) 1511 King St. Portsmouth Va.

15 FILED DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

Ref. _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

12/13 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .... yrs., ... mos., ... ds. In the State .... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va Date of Burial 12-14 19 28

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E ~~40232~~ E 40214 — 179 E ~~40232~~ E 40214

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 423 Laurens 14-16 St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella May Henderson

(a) RESIDENCE NO. 423 Laurens St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female — 4 Color or Race: Col — 5 Single, Married, Widowed, or Divorced, (write the word): ✓

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 22 1926

7 AGE: Years 2 — Months 5 — Days 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) ooo

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Jas. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Susie Henderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant Alice Catimore

(Address) 423 Laurens St

Filed DEC 14 1928 — HAMPTON JONES, M. D. Registrar

15. MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 — 12/13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 13, 1928, that I last saw her alive on Dec 13, 1928, and that death occurred, on the date stated above, at 9:40 A m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Extensive burn

(duration) yrs. mos. ds.

IS WHERE WAS disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Physical

What test confirmed diagnosis?

(Signed) John H. Hopkins M. D.

12/13 1928 (Address) 1012 W. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cemetery Dec 14 1928

UNDERTAKER — ADDRESS

Thomas C. Kelson 1303 Pearl

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 40215

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 40215

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 18-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin B Kuhn Jr

(a) RESIDENCE NO. 100 Boyd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 10 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23rd 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	1	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Martin B Kuhn Sr

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Boyle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Mrs Martin B Kuhn Sr.

(Address) 100 Boyd St

15 Filed DEC 14 1928

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 19 28 to Dec 13, 19 28

that I last saw him alive on Dec 13, 19 28

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 1 yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frances C. Tillis, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Dec 15, 1928

20 UNDERTAKER John J Conway

ADDRESS 1400 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 V

E 40216

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO. 18-24

CITY OF BALTIMORE: (No. ____ ST. ____ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry F. Orndorff (Orndorff)

(a) RESIDENCE NO. 1146 W. Lombard ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. ___ mos. ___ ds. How long in U. S., if foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Ella E Orndorff

6 DATE OF BIRTH (month, day, and year) 1872 July 4

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER John E Orndorff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant ____
(Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] 19 [illegible] M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12/28

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 19 28, to 12/12, 19 28, that I last saw h— alive on 12/12, 19 28 and that death occurred, on the date stated above, at 10. 45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngeal

Pulmonary.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) Unknown yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/5/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. W. Yeck, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 12/15 19 28

20 UNDERTAKER Sons & Company

ADDRESS [illegible]

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-43 ST. WARD)

2-FULL NAME Bellaria Belle Bower,

(a) RESIDENCE NO. 2813 Evergreen Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If ~~married, widowed, or~~ divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Dec 27 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant [illegible]
(Address) 2813 Evergreen Ave.

15 Filed DEC 14 1928 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 1928 to Dec 12 1928 that I last saw her alive on Dec 11 1928 and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

several years.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) several years

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? ———

(Signed) Morris B Green, M. D.

12/13 1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Parkwood Cem DATE OF BURIAL 19

20 UNDERTAKER Geo R Little ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

40218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40218

CERTIFICATE OF DEATH.

REGISTERED NO. 111-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (St.) 2-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Chenoweth

(a) RESIDENCE No. 1602 N. Chester St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mrs H. Chenoweth

6 DATE OF BIRTH (month, day, and year): 2/17 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Asbury Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Jane Sanderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Mrs Lenora Chenoweth

(Address) 1602 N Chester Street

15 Filed DEC 14 1926 HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 11/25, 1928, to 12/12, 1928

that I last saw him alive on 12/12, 1928,

and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

& Pyloric Obstruction

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/28 & 12/1/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical, X ray

(Signed) J. C. Cunningham, M. D.

12/12, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 12/15 1928

20 UNDERTAKER: Albert L Hilz Jr

ADDRESS: 1730 Harford Ave

CAUSE OF DEATH. See instructions on back of certificate. TION is very important.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40219

E 40219

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 314 Lyndhurst St. 26-71 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Dashiell Leitch

(a) RESIDENCE NO. 314 Lyndhurst ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of G. Allen Leitch

6 DATE OF BIRTH (month, day, and year) Jan 5 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
39	37	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secty 009

(b) General nature of industry, business, or establishment in which employed (or employer) Bankers & Brokers

(c) Name of employer McCulloh & Goodwin

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Dashiell

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER M. Gertrude Clemens

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant M. Gertrude Dashiell

(Address) 314 Lyndhurst St

15 Filed DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Dec 13, 1928, that I last saw h[illegible] alive on Dec 12, 1928, and that death occurred, on the date stated above, at 2 20 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

Chr Nephritis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Acute dilatation

(duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 14 19 28 (Address) 735 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Dec 15 1928

20 UNDERTAKER: Chas. S Branch — ADDRESS: 302 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40220

CERTIFICATE OF DEATH.

65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 320 E. 25th St. (WARD) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William U. Helm

(a) RESIDENCE NO. 320 E. 25th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or ~~Wife of~~) Mary Agnes Beehler

6 DATE OF BIRTH (month, day, and year) Jan. 15th, 1865

7 AGE: Years 63 | Months 10 | Days 27 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ass't. Agent O.T.

(b) General nature of industry, business, or establishment in which employed (or employer): Grain Elevator

(c) Name of employer: B. & O. R. R. Co.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John Helm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Martha French

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Miss Grace Helm

(Address) 320 E. 25th St.

15 1 4 1928

19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1927, to Dec 12, 1928.

that I last saw h[er] alive on Dec 11th, 1928.

and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukaemia

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Test

(Signed) Hoffman Busch, M. D.

12/12 1928 (Address) no 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 12/15/1928

20 UNDERTAKER: E. J. Fanning & Son - 1931 E. Lafayette

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

E 4022T

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 N. Washington ST.) 8-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm M. Gibson

(a) RESIDENCE NO. 2008 N. Washington ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice J. Gibson

6 DATE OF BIRTH (month, day, and year) Sept 21/1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman, Grain

(b) General nature of industry, business, or establishment in which employed (or employer) Elevator 073

(c) Name of employer P. R. R.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Susan Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Alice J. Gibson

(Address) 2008 N. Washington St.

15 Filed DEC 14 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 12, 1928, that I last saw h[illegible] alive on Dec 11, 1928, and that death occurred, on the date stated above, at 2 55 a.m./p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(own)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam of Surg.

(Signed) Jacob Fisher, M. D.

12/12/1928 (Address) 1823 N. Mont. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL Dec 15/28

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40222

CERTIFICATE OF DEATH

47 ✓ E 40222

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 509 E. 26th Street ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara A. Johnson

(a) RESIDENCE NO. 509 E. 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A. Johnson

6 DATE OF BIRTH (month, day, and year) Oct 20 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Leo Rosensteel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant F. A. Johnson

(Address) 509 E. 26th St

15 Filed DEC 14 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1— 1928, to Dec 12 1928, that I last saw h e alive on Dec 12— 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast. BREAST

(I saw this party 2 years ago. and so stated me

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Condition, (no operation was done,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Irving Miller, M. D.

, 19 (Address) 1085 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Dec. 15 28

20 UNDERTAKER Date received 9 Fremont Ave

ADDRESS

Important.—See instructions on reverse side.

Spec.—12-9-25—A Co.—200 Bks.

E 40223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 40223

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. N 35 Baldwin St. 13-57 Ward)

2-FULL NAME Ella Virginia Lilly

(a) RESIDENCE NO. N 35 Baldwin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley S. Lilly

6 DATE OF BIRTH (month, day, and year) Dec 19 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Joseph M. Lilly

(Address) N 35 Baldwin St

15 Filed 1928 HAMPSON JONES, M. D.

Per Registrar

C 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1 1928 to Dec 13 1928,

that I last saw h.. alive on Dec 13 1928,

and that death occurred, on the date stated above, at 11-15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation, chronic interstitial nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Thos J Casey, M. D.

12/14/ 1928 (Address) 608 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Dec 15 1928

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. North ave

I HEREBY CERTIFY, That the above is a true copy of the CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. EACH statement is to be given as correctly as possible. Every question must be answered. Where the word "unknown" is used, it must be accompanied by a statement of the reason why the information is not given. Each certificate must be signed. Please write plainly. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40224

CERTIFICATE OF DEATH.

E 40224

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Balt City Hospital St. 16-27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary W. Brandt

(a) RESIDENCE NO. Gray manor Terrace Govgt Balto Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Brandt

6 DATE OF BIRTH (month, day, and year) May 15 1906

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Geo W Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Sarah E Glover

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Walter Brandt

(Address) Gray manor Govgt

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: fracture skull automobile accident

(duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Hemorrhage int

Sarum (duration) ..... yrs. ..... mos. 1/4 ds.

(Signed) Jones 14 Fenton M. D.

(Coroner)

12/11, 1928 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Carnegie Germain Hill Rd

Former or usual residence Gray manor terrace

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — Date of Burial: Dec 5 1928

20 UNDERTAKER: George W. Zirkin — ADDRESS: 1737 E Eager st

DEC 14 1928

C. HAMPSON JONES, M. D. Registrar

Non-staining ink required. Write plainly. Fill out all items. DEATH CERTIFICATE must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40225

1—PLACE OF DEATH

REGISTERED NO. 20-69

CITY OF BALTIMORE: (No. 2717 Edmondson ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George A. Harkness

(a) RESIDENCE NO. 2717 Edmondson ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa M. Harkness

6 DATE OF BIRTH (month, day, and year) Nov. 7-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Harkness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Agnes McCoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Theresa M. Harkness

(Address) 2717 Edmondson Ave

15 Filed ..... 19 C. HAMPSON JONES M. D. Registrar

C 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14-1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Dec 14, 1928

that I last saw h— alive on Dec 13, 1928

and that death occurred, on the date stated above, at 7.20 a m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Debility

(duration) yrs — mos. 3 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) Edw Cunningham, M. D.

12-14, 1928 (Address) 317 Goodes

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 17 1928
20 UNDERTAKER	ADDRESS
George W Zirkler p. c.	1737 E Eager

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40226

CERTIFICATE OF DEATH

E 40226

11-081

1—PLACE OF DEATH

REGISTERED NO. 76-41

CITY OF BALTIMORE: (No. 5203 Nuth ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Bell Miller

(a) RESIDENCE NO. 5203 Nuth ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John G. Miller

6 DATE OF BIRTH (month, day, and year): July 28-1895

7 AGE — Years: 33 | Months: 4 | Days: 15 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles C Rehberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ida B. Fray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John G Miller

(Address): 5203 Nuth ave

15 Filed ..... 19 ..... HAMPSON JONES M.D. Registrar

C 141928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 13, 1928, that I last saw her alive on Dec 13 1928 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos F. Stevens, M. D.

12/14 1928 (Address) 2878 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: George W. Zirkin — ADDRESS: 1737 E Eager

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40227

CERTIFICATE OF DEATH

24-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 439 Yale Ave., 20-71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonio Lanzio

(a) RESIDENCE NO. 439 Yale Ave., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie Lanzio

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): OOK

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. Nellie Lanzio

(Address) 439 Yale Ave.

15 Filed DEC 14 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30th. 1928 to Dec. 10th. 1928,

that I last saw h im alive on Dec. 10th. 1928

and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 2 Yrs.

Cerebral Hemorrhage

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. V. Cavalaire M. D.

12/14 1928 (Address) 24 W Fallis Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12/15 19 28
20 UNDERTAKER J. M. Pickuerdons	ADDRESS Norfolk Va

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40228

CERTIFICATE OF DEATH

129

E 40228

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1815 Aliceanna ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME MARGARET SCHANER

(a) RESIDENCE NO. 1815 Aliceanna ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) April 13, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Schaner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Meinschein

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Gertrude Schaner (Sister)
(Address) 1815 Aliceanna St.

15 Filed DEC 14 1928 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from 2/16/28 to 12/11/28 that I last saw h alive on 12/10/28 and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac - failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

12/14/28 (Address) 375 S. Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Dec. 15. 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS BALTIMORE ST. & BROADWAY.

Important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40229 ✓ E 40229

E 40229

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 South Potomac ST. (or WARD) First

2-FULL NAME Edmond Clinton Mitchell

(a) RESIDENCE No. 134 South Potomac ST., First WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Hustead Mitchell

6 DATE OF BIRTH (month, day, and year): March 9 1871

7 AGE — Years: 57 — Months: 9 — Days: 0 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Copper Smith

(b) General nature of industry, business, or establishment in which employed (or employer): Ship Work

(c) Name of employer: John Hubert

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Luther S. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Md

12 MAIDEN NAME OF MOTHER: Laura Bolton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co Md

14 Informant: Bertha Mitchell

(Address) 1348 Potomac St

15 Filed C 14 1928

G. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 12 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to December 12, 1928, that I last saw him alive on December 12, 1928, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical & Microscopic

(Signed) Alfred A. Emrich, M. D.

Dec 12 1928 (Address) 2221 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Dec. 16 1928

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St & Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40230 — CERTIFICATE OF DEATH. — 129 — E 40230

REGISTERED NO. 2434

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1506 Byrd St ST. WARD

2-FULL NAME Mary Elizabeth Willis

(a) RESIDENCE No. 150 Byrd St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Benjamin F Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Gertrude Trotter
(Address) 2916 Poessman St

15 Filed DEC 14 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 15, 1928, to Dec 13, 1928, that I last saw h alive on Dec 13, 1928 and that death occurred, on the date stated above, at 9.40 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Dis

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Chron Nephritis

(duration) X yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L J Burlington, M. D.

, 19 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12/17 1928

20 UNDERTAKER J F McCully — ADDRESS 1538 E Fort Ave

DEC 14 1928

CAUSE OF DEATH
TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Gabriel 2413 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40231

CERTIFICATE OF DEATH

40 E 40231

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2333 N Calvert ST. 17-50 WARD)

2—FULL NAME Robert C Rhodes

(a) RESIDENCE NO. 2333 N Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie B. Rhodes

6 DATE OF BIRTH (month, day, and year) Feb 28 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co. (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie B Rhodes

(Address) 2333 N Calvert St

15 Filed C. HAMPSON JONES, M. D. Registrar

C 14 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12. 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1927 to Dec 12. 1928.

that I last saw him alive on Dec 12 1928

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of Heart

(duration) 5 yrs. or mon mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? History & general symptoms

(Signed) O. St. Gabriel M. D.

. 19 (Address) 2413 St Paul Ste

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	12/15 1928
20 UNDERTAKER	ADDRESS
W. H. Cook	217 N Paul St

important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 40232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40232

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1524 Argyle Ave (Ward) 24-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Owens

(a) RESIDENCE NO. 1524 Argyle Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1865

7 AGE 63 Years Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Invalid

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Thos Owens

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mc Kinney

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Ella Babb

(Address) 1524 Argyle Ave

15 Filed DEC 15 1928 C. HAMPSON JONES, M. D. Registrar

By ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1928 to Dec 13 1928

that I last saw h.. alive on Dec 13 1928

and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mns. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Presumed

(Signed) Chas E Cluster M. D.

Dec 15 1928 (Address) 1501 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial Dec 15 1928

20 UNDERTAKER J Bayne ADDRESS 1324 Gilmor Balto

1 5 1928

Fill in above all blanks applicable to the case. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40233 — 74-6 — 40233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2008 Mt Royal Terrace — REGISTERED NO. C 13-20

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Magdalen Simon

(Residence in Baltimore: No. 2008 Mt. Royal Terrace St.; 73 yrs., 6 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F

4-COLOR OR RACE, W

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, May (Month) 25 (Day), 1855 (Year)

7-AGE, 73 yrs. 6 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Adolph L. Simon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret E. Torney

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Mildred C. Clough

(Address) 27 E. Eager

15- C. HAMPSON JONES, M. D.

Filed DEC 15 1928, 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 14 (Day), 1928. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1926, to Dec. 14 1928, that I saw her alive on Dec. 14 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral embolisms with complete hemiplegia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Mitral stenosis

Duration) childhood yrs. ..... mos. ..... ds.

(Signed) Mildred C. Clough M. D.

Dec. 15, 1928. (Address) 27 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Dec 17, 1928.

20-UNDERTAKER Henry H. Kastris Sons — ADDRESS McCulloh & Orchard St.

Cause of death must be important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40234

CERTIFICATE OF DEATH

129 E 40234

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 530 N. Milton Ave ST., 7-10 WARD)

2—FULL NAME Pauline Bowen

(a) RESIDENCE NO. 530 N. Milton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry J. Bowen

6 DATE OF BIRTH (month, day, and year) Nov 23/1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Heuter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry J. Bowen

(Address) 530 N. Milton Ave

15 Filed DEC 15 1928, 19 C. HAMPSON JONES M. D. Registrar

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 13, 1928, that I last saw he alive on Dec 13, 1928, and that death occurred, on the date stated above, at 2 10 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism
arteriosclerosis & arterial hypertension
chr. nephritis (history)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insuff - relative — ?
arthritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam & history —

(Signed) Louis F. Krumrein, M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London PK Cem	Dec 17, 1928
20 UNDERTAKER Philip Henrig	ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40235 90 E 40235

CERTIFICATE OF DEATH

REGISTERED NO. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Green Spring Manor ST., (Ward)

2—FULL NAME Lizzie Leitlich Walter

(a) RESIDENCE NO. Green Spring Manor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis L Walter

6 DATE OF BIRTH (month, day, and year) April 9/1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Marcus Leitlich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Ring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant A. Roter

(Address) Green Spring Manor

15 Filed DEC 15 1928 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1921, to Dec. 12, 1928, that I last saw h[illegible] alive on Dec. 12, 1928 and that death occurred, on the date stated above, at 11 35 p m.

The CAUSE OF DEATH* was as follows:

Aortic - Insufficiency - (arteriosclerosis)

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary - Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Joseph W. Kelly, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Hebrew	12/14 1928
20 UNDERTAKER	ADDRESS
Wm Sondheim	1120 Eutaw Pl

important. See instructions on back of Certificate

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40236

CERTIFICATE OF DEATH

100-09

E 40236

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Marlborough Apt ST. 14-20 (WARD)

2—FULL NAME Bettie Sleginger

(a) RESIDENCE NO. Marlborough Apt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Sleginger

6 DATE OF BIRTH (month, day, and year): Oct 15-1854

7 AGE: Years 74 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Mandelbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jeanette Strasinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Dr Sleginger

(Address): Marlborough Apt

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1928, to Dec. 14, 1928, that I last saw her alive on Dec. 13, 1928 and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary) Myocarditis (Myocardial failure) (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Dec 14, 1928 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balt. Hebrew — DATE OF BURIAL: 12/16 1928

20 UNDERTAKER: Harry Goodheim — ADDRESS: 1814 W Lexington St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40237

38 E 40237

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hos 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha R. Green

(a) RESIDENCE NO. 1225 St. James St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 12-1897

7 AGE: Years 31 Months 4 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Green

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Jennie Lewis

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Jennie Green

(Address) 1225 St. James St.

Filed 1928

CLAWSON JONES M D

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia-Syphilitic Aortitis

(Autopsy at Hopkins Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. C. Clark M. D.

(Coroner)

12/12/25 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial 1/5 1928

20 UNDERTAKER: Clark & Johnson ADDRESS 440 N. Carolina St.

C 15 1928

Don't write in this space. OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40238

CERTIFICATE OF DEATH.

E 40238

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2214 Wilkins Ave (St.) 24-34 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Althea May George

(a) RESIDENCE NO. 2214 Wilkins Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26/28

7 AGE Years — Months 2 Days 17/18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Clarence H. George

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Heaver

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Clarence H. George (Address) 2214 Wilkins Ave

Filed 1 15 1928 G. HAMPSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/12 1928 to 12/13 1928

that I last saw h alive on 12/13 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas H Cleaver M. D.

12/14 1928 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Dec 15 1928

20 UNDERTAKER F. D. Wippert ADDRESS 1150 W Balto St

CAUSE OF DEATH. See instructions on back of certificate. ATION is very important

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40239

CERTIFICATE OF DEATH.

179 E 40239

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 18-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Briggs

(a) RESIDENCE NO. 313 N. Carrollton Av. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Briggs

6 DATE OF BIRTH (Month, day, and year): Feb 11-1911

7 AGE — Years: 17 — Months: 10 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

9 BIRTHPLACE (City or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Oscar Johnson

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER: Libbie Hawkins

13 BIRTHPLACE OF MOTHER (city or town): Virginia

(State or country) Va

14 Informant: Adell Conquest

(Address) 313 N. Carrollton Av.

15 Filed DEC 15 1928 G. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year): Dec 12th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns of Entire body.

(duration) ..... yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Accidental. Clothes caught fire from Gas stove.

(duration) ..... yrs. ..... mos. 14 ds.

(Signed) F. C. Link M. D.

(Address) 1 W. Pratt St.

Dec 13 28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Dec. 14 1928

20 UNDERTAKER: Mrs Katie J. Williams — ADDRESS 322 N. Howard St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40240

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-09

E 40240

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1912 E. Pratt Street ST 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jozefa Piechocka

(a) RESIDENCE NO. 1912 E. Pratt Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Michael Piechocki

6 DATE OF BIRTH (month, day, and year) March-1/1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	9	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Wawrzyń Lewandowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Maryanna Kowaleska

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Michael Piechocki

(Address) 1912 E. Pratt Street

15 Filed DEC 15 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1928. to Dec-13 1928.

that I last saw h[illegible] alive on Dec. 13 1928

and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cerebral Apoplexy

(duration) yrs. mos. 6 4 ds.

CONTRIBUTORY (Secondary) arterio Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas F Feniger M. D.

12/14 1928 (Address) 2902 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St, Stanislaus Cemetery

DATE OF BURIAL Dec-17 19 1928

20 UNDERTAKER George a. Weber

ADDRESS 705 S. ann street

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40241

CERTIFICATE OF DEATH

117

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robt Davenport

(a) RESIDENCE NO. 217 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 1910

7 AGE: Years 18 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab

(b) General nature of industry, business, or establishment in which employed (or employer): 640

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: L. V. Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Tenzlie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Walter Johnson

(Address) 217 N. Dallas St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13/28

17

I HEREBY CERTIFY, That I attended deceased from 11/27, 1928, to 12/13, 1928

that I last saw h alive on 12/13, 1928

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendix

Peritonitis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Leukemia

(duration) yrs. mos. ✓ ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 11/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B Starr, M. D.

12/14, 1928 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Town Va — DATE OF BURIAL: Dec 15 1928

20 UNDERTAKER: Edward Bryan — ADDRESS 163 Orange St

Important. See instructions on back of certificate.

C 151928

Spec.—2-29-28—L. F. S.—500 Bks.

E 40242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40242

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hosp ST. 617-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cathrine Scott

(a) RESIDENCE NO. 830 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 14 1893

7 AGE: Years 35 Months 11 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Ruth Teed

(Address) 830 Edmondson Ave

15 Filed: C. HAMPSON JONES, M. D. Registrar

151928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 14, 1928, that I last saw h. alive on Dec 14 1928 and that death occurred, on the date stated above, at 8:10 A m.

The CAUSE OF DEATH* was as follows:

Hypertension (Cardio renal)

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. McDonald, M. D.

(Address) Res. Phys in medicine Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mills Church Va

DATE OF BURIAL: 12/16 1928

20 UNDERTAKER: Emmett P. Hensley

ADDRESS 578 N Gilmor St

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 430 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Wheeler

(a) RESIDENCE NO. Cebridge md ST. WARD Elkridge Md
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 8 1920

7 AGE: Years 8 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elkridge Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lillian White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mamie Mae Lynch

(Address) Montgomery St. Elkridge

15 Filed 15 1928 . 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 14 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 11 . 19 28 to Dec 14 . 19 28

that I last saw h alive on Dec 14 . 19 28

and that death occurred, on the date stated above, at 9 P.M. p. m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis
Pneumococcus Type

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Evelyn E. Cole . M. D.

12/15. 1928 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudes Chapel Cem DATE OF BURIAL 12/17/28

20 UNDERTAKER: Edmund Leckley ADDRESS 57 Biddle

INSTRUCTION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40244 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40244

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1205 Battery Ave St. 24-32 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Frederick Lewis.

(a) Residence No. 1205 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Lewis

6-DATE OF BIRTH (month, day and year) May 14-1846

7-AGE, 82 yrs. 7 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Boiler Maker

(c) Name of employer

9-BIRTHPLACE (city or town). (State or Country). Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Not Known.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

13- (Informant). Lillian Wagner

(Address) 1205 Battery Ave

15- DEC 15 1928

C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-14-28

17- I HEREBY CERTIFY, That I attended deceased (from) Dec 13 1928 to Dec 14 1928 that I last saw h[illegible] alive on Dec 13 1928 and that death occurred, on the date stated above, at 2:30 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) C. Whitelaw M. D.

12/14 1928 (Address) 1009 Hillman Pl

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Crem. DATE OF BURIAL. 12-17 1928

20-UNDERTAKER. E & B Harle ADDRESS 115 E West St

In plain terms, please answer all questions. Follow instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40245

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 40245

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 12-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Baker

(a) RESIDENCE NO. 1602 Oak St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ? 0+10

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) America ?

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Unknown

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed 1 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-28

17 I HEREBY CERTIFY, That I attended deceased from 11-5, 1928, to 12-12, 1928, that I last saw h[illegible] alive on 12-12, 1928 and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 30 ds. ?

CONTRIBUTORY (Secondary) Syphilis; Arterio-sclerosis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage; W. R.

(Signed) C. H. Jones M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A A Co	Dec 15 1928
UNDERTAKER John F. Denny	ADDRESS 715 Light St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2005-8 E 40246

HEALTH DEPARTMENT—CITY OF BALTIMORE E 40246

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Sinibaldi

(a) RESIDENCE NO. 3722 Claremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/1/93

7 AGE — Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 X 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Ceselii Sinibaldi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosaria Sigiv

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

C 151928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14-28

17

I HEREBY CERTIFY, That I attended deceased from Nov-22, 1928, to Dec-14, 1928, that I last saw him alive on Dec-14, 1928 and that death occurred, on the date stated above, at 8 yrs a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmaid

Symptoms dated (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchapneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov. 23, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation X-Ray

(Signed) Edmund P. Pendleton M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Ohio

DATE OF BURIAL 12/15 1928

20 UNDERTAKER Robert Brooks & Son

ADDRESS Eutaw Holliday st

important. See instructions on back

Spec.—12-9-25—A Co.—200 Bks.

E 40247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40247

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N. Fulton Ave. Ward) 20-27

2-FULL NAME Miss Louisa R. Harding

(a) RESIDENCE NO. Home for the Aged of the M. E. Church Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ✓ mos. ✓ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 21 - 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	79	7	23.	✓

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (City or town)

(State or country) Carroll Co. Md

PARENTS

10 NAME OF FATHER Wm Harding

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Catherine Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Etta Cuddy

(Address) 400 N. Fulton Ave.

C 15 1928 C. HAMPSON JONES, M. D. Registrar

Per A.R.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1928, to Dec 14, 1928, that I last saw h✓ alive on Dec 13, 1928, and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary) Senility

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George L. Shannon, M. D.

12/14 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Date of Burial Dec 17 1928

20 UNDERTAKER George J. Smith ADDRESS 153 Collins

DO NOT SIGN CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 40248

CERTIFICATE OF DEATH.

× 90 E 40248

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) U S Marine Hosp St. 17-51 Ward)

2-FULL NAME Frank Thomas

(a) RESIDENCE: (No.) South River P O Md St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25, 1879

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	49	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Power Boat Fannie E. Hayward

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Gracia Giles

13 BIRTHPLACE OF MOTHER (city or town) South River, Md.

(State or country)

14 Informant Records U. S. Marine Hospital

(Address) Baltimore, Md.

DEC 15 1928

G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. — ds.

CONTRIBUTORY (secondary) Arteriosclerosis

(duration) yrs. mos. — ds.

(Signed) G. O. Giles M. D.

(Coroner)

11/9, 19 (Address) 1436 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Dec. 15 1928

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North ave.

Filed Dec 15 1928 Per AKB

don should be carefully answered. Write plainly with pen and ink. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40249 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40249

CERTIFICATE OF DEATH.

× 38

1-PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Pride

(a) RESIDENCE NO. 912 Princess Anne Road, Norfolk, Va. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 17, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	-	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS "State of Virginia"

9 BIRTHPLACE (city or town) (State or country) Petersburg Va.

PARENTS

10 NAME OF FATHER Clayton Pride

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

Filed DEC 5 1928 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12, 28

17

I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to December 12, 1928, that I last saw h im alive on December 12, 1928, and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Aneurism of aortic arch

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? laboratory & clinical findings

(Signed) H. G. Foster, M. D.

12/13, 28 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Dec 15, 28

20 UNDERTAKER E. LeRoy Stiffle ADDRESS 1259 Mad.

CAUSE OF DEATH in [illegible] TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40250

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Arunah Avenue ST. 16-65 WARD)

REGISTERED NO. 114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Doris Hesson

(a) RESIDENCE NO. 2416 Arunah Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., If foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Registered Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Littlestown Pennsylvania

PARENTS

10 NAME OF FATHER A. Milton Hesson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Decker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary A. Easley

(Address) 2416 Arunah Avenue

15 Filed 1-5-1928 C. HAMPSON JONES, M. D. Registrar

Per ALB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1928, to Dec 13, 1928, that I last saw h[illegible] alive on Dec 13, 1928 and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Mucus Colitis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bernard Ford M. D.

12/15, 1928 (Address) 626 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Minster Meadow Branch Cemetery

DATE OF BURIAL 12/16 1928

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 626 N Calvert

Spec.—1-12-23—M&T—500 Bks.

E 40251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40251

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Woodyear ST. 14-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. S. Blank

(a) RESIDENCE No. 215 N. Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence J. Blank.

6 DATE OF BIRTH (month, day, and year) Sept 1st 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	38.	3.	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Spindler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Weisel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Spindler. (Address) 215 N Woodyear

15 C. HAMPSON JONES, M. D. Registrar

Par

C 15 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 13, 1928, that I last saw h[illegible] alive on Dec 13, 1928 and that death occurred, on the date stated above, at 12. P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Endocarditis

(Mitral insufficiency)

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norman E. Welch, M. D.

12/14/28 (Address) 215 Dulaney ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Crematorium

DATE OF BURIAL Dec 17, 1928.

20 UNDERTAKER John F. Lawrence

ADDRESS 901 Madison

mation should be entered ... CAUSE OF DEATH in plain terms, so that it may be properly classified. ... TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40252

CERTIFICATE OF DEATH.

66 E 40252

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 939 N. Broadway St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fulton C. Bramble

(a) RESIDENCE NO. 939 N. Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14, 1879,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. E. Bramble

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Davis

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mrs. Caroline A. Bramble

(Address) 939 N. Broadway

Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 14, 1928, that I last saw her alive on Dec 14, 1928, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Heart failure + Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. A. Lagg, M. D.

, 19 (Address) 707 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Druid Ridge Cem. Dec. 17 1928

20 UNDERTAKER — ADDRESS

Wm. E. Black 927 N. Broadway

(Do not write in this space) DEC 16 1928 Per

Fill in all blanks legibly, so that it may be properly classified. Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of the very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-006 E 40253

REGISTERED NO. 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 6 WARD)

2-FULL NAME Estella Kirby

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): July 24. 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
44	4	12 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Martin Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Lambert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Hope Retreat Mrs Hope Retreat

15 Filed ..19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1 ,1924. to Dec 14 ,1928.

that I last saw her alive on Dec 14 ,1928.

and that death occurred, on the date stated above, at 7.40 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Cardiac Insufficiency)

(duration) — yrs — mos 6 ds.

CONTRIBUTORY (Secondary) Dementia Praecox

(duration) 18 yrs — mos — ds.

18 Where was disease contracted if not at place of death? Mt Placid

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Milton P. Jelly, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemy — DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Stewart Mort Co — ADDRESS: Balto.

C. HAMPSON JONES, M. D. Registrar

FEE

C 16 1928

CAUSE OF DEATH in plain terms, so that it may be understood. TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 40254

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infy ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Steele Lowndes

(a) RESIDENCE No. 1211 Linden Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 78 yrs. 3 mos. 24 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug-21-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	78	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Andrew J. Lowndes

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Bucknell

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Mrs Wm C Lowndes (Bro.)

(Address) 2115 McCulloh Street

DEC 16 1928

Filed ..... 19.. H. HANSON JONES, M.D. Registrar

By .....

CAUSE OF DEATH—INFORMATION is very important See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Dec. 15, 1928, that I last saw h[illegible] alive on Dec. 15, 1928 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis, due to perforation of Carcinoma of Sigmoid.

(duration) unknown. yrs mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 14, 1928

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) John Mac Jr, M. D.

19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL Dec 17 1928

20 UNDERTAKER Edward Mooney Co

ADDRESS Balto.

Spec.—1-12-23—M&T—500 Blks.

E 40255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40255

CERTIFICATE OF DEATH.

847

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Bolton St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Norman Fenton

(a) RESIDENCE NO. 1421 Bolton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs 0 mos 20 ds How long in U. S., if of foreign birth? 72 yrs 0 mos 20 ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lois M. H. Fenton

6 DATE OF BIRTH (month, day, and year): Nov-25-1856

7 AGE: Years 72 Months 0 Days 20 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

10 NAME OF FATHER: Aaron Fenton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Rebecca Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs Lucille Van Gulden

(Address) 1421 Bolton St

15 Filed DEC 16 1928 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1928 to Dec 15 1928

that I last saw him alive on Dec 14 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) 3 yrs mos ds

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) Several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. C. Gilchrist, M. D.

(Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery

DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Lewis H. Mann Co

ADDRESS: Balto.

N. B. Information should be carefully supplied. ASK CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40256

CERTIFICATE OF DEATH

129 E 40256

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5002 Belair Road St. Gardenville Ward) 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Appler

(a) RESIDENCE NO. 5002 Belair Road St. Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if nf foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widnwed, or divorced HUSBAND of (or) WIFE nf: Catherine Appler

6 DATE OF BIRTH (month, day, and year): February 13. 1880

7 AGE: Years 48 Months 10 Days 0 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind nf work: Barber

(h) General nature nf industry, business, or establishment in which employed (nr employer):

(c) Name of emplnyer:

9 BIRTHPLACE (city or tnwn): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas H. Appler

11 BIRTHPLACE OF FATHER (City or town): Baltimore
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Amelia Mahr

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country): Maryland

14 Informant: Catherine Appler
(Address): 5002 Belair Road

Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

DEC 16 1928

Bur ... Act ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: December 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10 19 28 to Dec 13. 1928

that I last saw h... alive on Dec 13. 19 28

and that death occurred, nn the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

2 (duratinn) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place nf death?

Did an nperatinn precede death? Date of

Was there an autopsy? Yes

What test cnnfirmed diagnosis? Autopsy

(Signed) Edwin B. Cowie M. D.

12/13/28 19 (Address) Cowie & Southern

*State the Disease Causing Death, nr in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Dec. 17 19 28

20 UNDERTAKER: Frederick Lassahn Son Fullerton ADDRESS

tion should be carefully supplied. Any abbreviation or omission OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40257

E 40257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 74-001

CITY OF BALTIMORE: (No.) 3318 Chestnut Ave ST. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmira Richards

(a) RESIDENCE No. 3318 Chestnut Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Adolphus Richards

6 DATE OF BIRTH (month, day, and year): July 11 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Asked and Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Asked and Known

14 Informant: Mrs Ann Gough

(Address) 3318 Chestnut Ave

15 Filed DEC 16 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-15 1928

17

I HEREBY CERTIFY, That I attended deceased from December 9, 1928, to December 15, 1928,

that I last saw her alive on December 14, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 3½ ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) W H Smith, M. D.

Dec 15 1928 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery

DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: A S Marshall

ADDRESS: 3539 Gallard

CAUSE OF DEATH in plain terms, so that it may be properly CODED. See instructions on back of certificate. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40258

CERTIFICATE OF DEATH

38 E 40258

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 76-39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Worley, William

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ? mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married ?

a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee ? Worley

6 DATE OF BIRTH (month, day, and year) Dec 25, 1859

7 AGE: 68 Years | — Months | — 20 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lathe worker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Pa.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Pa.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-28

17 I HEREBY CERTIFY That I attended deceased from May 13, 1924, to Dec. 15, 1928, that I last saw him alive on Dec 15, 1928 and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis of cerebral nervous system

(duration) 4-5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Syphilis (duration) 13 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) H. W. Mech M. D.

BALTIMORE CITY HOSPITALS (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Masters

DATE OF BURIAL: 12/17/28

20 UNDERTAKER: W. M. Cook

ADDRESS: 1217 E. Lond St

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 40259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST., 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brooks

(a) RESIDENCE NO. Preston & Valley ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of A. Eugene Brooke

6 DATE OF BIRTH (month, day and year) Feb 11, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer A. T. Stone

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Tom Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lina Pettigham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed DEC 16 1928 H. McSHERRY JONES, M. D., City Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 19 28 to Dec 15 19 28
that I last saw h alive on Dec 15 19 28
and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Adams M. D.
Dec 15, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 12/17 19 28

20 UNDERTAKER J. M. Cook

ADDRESS 1217 E. Lombard St

CAUSE OF DEATH ... TION is very important. See instructions on back of certificates.

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40260 — 170 — E 40260

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1202 Washington Boulevard — Ward 21-29)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. C. McConley.

(a) RESIDENCE NO. 1202 Washington Boulevard — Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. — (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Cora McConley

6 DATE OF BIRTH (month, day, and year) May 13, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodworker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Baltimore

PARENTS

10 NAME OF FATHER F. C. McConley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie Wills

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt Md

14 Informant Cora McConley

(Address) 1202 Washington Boulevard

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar.

DEC 16 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Pistol ball through head

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas S Brooke M. D.

(Coroner)

12/16, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park 12-16 1928

20 UNDERTAKER — ADDRESS

Wm Cook 1131 St Paul

tion should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40261 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 40261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 757 Dorr St (ST.) 21-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Stuart

(a) RESIDENCE NO. 757 Dorr St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married.

5a If married, widowed, or divorced HUSBAND (or) WIFE of Harriet Stuart

6 DATE OF BIRTH (month, day, and year) April 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) aac

PARENTS

10 NAME OF FATHER Tho. Stuart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Hazzie Stuart (Address) 757 Dorr St

15 Filed . 19 C. HARRISON JONES, M. D., Registrar

C 16 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 15 1928, that I last saw him alive on Dec. 14 1928 and that death occurred, on the date stated above, at 1 20 AM.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Inflamation bladder (duration) yrs. mos. 5 ds.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) M. O. Smilinger M.D.

12/15 1928 (Address) 682 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 12/18 1928

20 UNDERTAKER Thomas L Wright ADDRESS 1364 W Cary

CAUTION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40262 E 40262

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1333½ W. Pilma St., 15-22 Ward)

2-FULL NAME Bernard Butler

(a) RESIDENCE NO. 1333½ W. Pilma St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 26 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male Female

4 Color or Race Col

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) April 18 1928

7 AGE Years 7 Months Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Jos. Butler

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Frances West

13 BIRTHPLACE OF MOTHER (city or town) Bowie Md

(State or country)

14 Informant Jos. Butler

(Address) 1333 W. Pilma

15 Filed DEC 16 1928 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. E. Link, M. D.

(Coroner) Dec 14 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Dec 17 1928 Date of Burial

20 UNDERTAKER Clarence E. Wright ADDRESS 36 & McCay

IDH SHOULD BE CAREFULLY FILLED OUT so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40263

CERTIFICATE OF DEATH.

90 E 40263

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 St. Matthews St. 5-8 WARD)

2-FULL NAME Daniel Marks

(a) RESIDENCE No. 1230 St. Matthew ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 64; Months; Days; If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ticket Colecter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Wolf Marks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Jennie Sellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rebecca Cantrill

(Address) 1230 St. Matthew St

15 Date received: DEC 16 1928

By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 14, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928. to Dec 14, 1928.

that I last saw him alive on Dec 14, 1928

and that death occurred, on the date stated above, at 10 15 A. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular heart disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert F. Green, M. D.

12-15 1928 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship

UNDERTAKER: Sol Levinson & Bro

DATE OF BURIAL: 12/16 1928

ADDRESS 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. PAR... mation should be ... TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40264

REGISTERED NO. 90 16526

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4803 ST., Holabird ave WARD 16

2—FULL NAME Fannie E. Hildebrand

(a) RESIDENCE NO. 4803 ST., Holabird WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hildebrand

6 DATE OF BIRTH (month, day, and year) May 26, 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Andrew Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs A. J. Hildebrand

(Address) 4803 Holabird Ave.

15 Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 14, 1928

that I last saw her alive on Dec 13, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Sutton M. D.

12/ 1, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Waynesborough. Va.	Dec 16 1928
20 UNDERTAKER E. Leroy Staffler	ADDRESS 125 E. North Ave

OF DEATH in plain terms, so that it may be understood. Do not use abbreviations or technical terms. Be important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40265 44 E 40265

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Fairview ave ST.) 45-61 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abraham Lerene

(a) RESIDENCE NO. 3301 Fairview ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Lerene

6 DATE OF BIRTH (month, day, and year): July 18 - 1869

7 AGE — Years: 59 Months: 4 Days: 17 IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca Shepsia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Rose Lerene

(Address) 3301 Fairview ave

15 Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/15/28

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 19 28 to Dec 15 19 28

that I last saw h live alive on Dec 15 19 28

and that death occurred, on the date stated above, at 5 45 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

CONTRIBUTORY (Secondary) Lung Metastasis (duration) 2 yrs. 3 mos. ds.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of About 2 mos ago

Was there an autopsy? No

What test confirmed diagnosis? Removal part of Tumor

(Signed) [illegible] M. D.

12/15, 19 28 (Address) 705 Union Arc Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem

DATE OF BURIAL: 12/16 1928

UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Balto St

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40266

CERTIFICATE OF DEATH.

66 E 40266

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital. St. 24-35 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Kuchta.

(a) RESIDENCE NO. 1148 Cooksie St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed, or divorced, HUSBAND of Rose Kuchta.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	34	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of indnstry, business, or establishment in which employed (or employer) O K

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do Not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant John Sarafen. (brotherinlaw)

(Address) 1207 Cooksie St.

EC 16 1928

C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

12/18 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Rec Date of Burial Dec 17 1928

20 UNDERTAKER John F. Weber ADDRESS 711 S. Charles St

tion should be carefully supplied. Write plainly. Use ink. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40267

CERTIFICATE OF DEATH.

E 40267

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 2-4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Burch.

(a) RESIDENCE NO. 730 S. Durham St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

5a If married, widowed or divorced HUSBAND of WIFE OF Mary Burch.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Maciej Burch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Burch (wife)

(Address) 730 S. Durham St.

Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

By MM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull

Accidentally struck by falling pipe.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

12/15 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? #1 Eastern Knight, Pier 9 Locust Point

Former or usual residence Dec. 14, 1925

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Dec 18 1928

Date of Burial

20 UNDERTAKER John McRobert

ADDRESS 1012 Chester St

(Direction should be carefully supplied, as the Certificate may be returned for correction if not sufficiently explicit. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—1-12-23—M&T—500 Blks.

E 40268 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2816 Water View Ave. (ST.) 25-32 (WARD) 2

2-FULL NAME Janet Montgomery Westport.

(a) RESIDENCE No. 2816 Water View Ave. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Benjamin M. Montgomery

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scottland

PARENTS

10 NAME OF FATHER Robert Munn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scottland

12 MAIDEN NAME OF MOTHER Margaret McGarvie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scottland

14 Informant Benjamin M. Montgomery
(Address) 2816 Water View Ave

15 DEC 16 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1928

17 I HEREBY CERTIFY, That I attended deceased from DEC 8, 1928, to DEC 14, 1928, that I last saw h alive on DEC 14, 1928, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) ... yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of 11-1-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther Dana, M. D.

19 (Address) 227 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 12/17/28

UNDERTAKER Harry J. Watzke

ADDRESS 153 N. Conkling

CAUSE OF DEATH. TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40269

CERTIFICATE OF DEATH

90 E 40269

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3006 Batavia Ave. ST., 27-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME FRANCES SUEHLE

(a) RESIDENCE NO. 3006 Batavia Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward M. J. Suehle

6 DATE OF BIRTH (month, day, and year) March 31, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	13	12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Mathew Reichel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Plitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Edward Suehle (Husband)

(Address) 3006 Batavia Ave.

15 Filed DEC 15 1928, 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1928 to Dec 13 1928

that I last saw her alive on Dec 14 1928

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilitation of the Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Diabetes

(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Plaice, M. D.

Dec 14 1928 (Address) 2100 Charles St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Dec. 17. 1928

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40270

CERTIFICATE OF DEATH.

90

E 40270

1-PLACE OF DEATH

Registered No.

City of BALTIMORE: (No. 409 Parkeley St. 25-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Hobeck

(a) Residence No. 409 Parkeley St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~Single~~, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of W. T. Hobeck

6-DATE OF BIRTH (month, day and year) Sept 6-1870

7-AGE. 58 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Phillips

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto md

12-MAIDEN NAME OF MOTHER, Mary Haupt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto md

14-

(Informant) Mrs. E. A. Hobeck

(Address) 409 N Parkeley

15-

Filed DEC 16 1928 HAMPSON JONES, M. D. City Registrar

Out

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 15 28

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1926 to Dec 15 1928 that I last saw h alive on Dec 11 1928 and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/14, 1928 (Address) 51 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. LOUDON PARK CEMETERY

DATE OF BURIAL. DEC 17th 1928

20-UNDERTAKER. P. B. WIPPERT

ADDRESS 1850 W. BALTIMORE ST

In plain terms, so that it may be properly instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40271

CERTIFICATE OF DEATH

45 E 40271

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2013 Homewood Ave. Ward) 9-14

2—FULL NAME Mary Florence Fitzgerald

(a) RESIDENCE NO. 2013 Homewood Ave. St.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 6 1876

7 AGE: Years 52 | Months 2 | Days 7 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Hochschild-Kohn

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Stephen E Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: E Rock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Irene Fitzgerald

(Address): 2013 Homewood Ave

15 Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13-28

17 I HEREBY CERTIFY, That I attended deceased from July 14 19 28 to Dec 13 19 28

that I last saw her alive on Dec 12 19 28

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

12/14/28 (Address) 1105 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cemetery — DATE OF BURIAL: Dec 7 1928

20 UNDERTAKER: M M Rudolph — ADDRESS: 501 E 25th

Important. See instructions on back of this sheet.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40272

CERTIFICATE OF DEATH

24-001

E 40272

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Hollins ST. 14-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Burton Moore

(a) RESIDENCE NO. 1308 Hollins — ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 20-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Minn.

PARENTS

10 NAME OF FATHER Cornelius Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss McCully

(Address) 1308 Hollins St

Filed DEC 16 1928 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 13, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1928, to Dec. 13, 1928, that I last saw h alive on December 13, 1928 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Henry C. Otto, M. D.

12-16, 1928 (Address) 1202 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Dec 17 1928
20 UNDERTAKER Mary M. Waddell	ADDRESS 501 E. 20th

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 40273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40273

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Hopkind Hodpital St., 1-3 Ward)

2-FULL NAME Anna Kolb

(a) RESIDENCE NO. 518 S. Montford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kolb

6 DATE OF BIRTH (month, day, and year) Aug 6/1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	3 4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Decorator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Tin Decorating Co

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Peter Heil

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna H.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Joseph Kolb (son)

(Address) 506 S. Collington Ave

15 Filed DEC 16 1928 C. HARRISON JONES, M.D.C. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Carter M. D.

(Coroner)

12/15/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Dec 16 1928

20 UNDERTAKER M. W. C. Dupper Inc 31 Lan St ADDRESS

Do not write in this space. OF DEATH in plain terms, so that it may be properly classified. Fact statement of very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40274 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. X 49

CITY OF BALTIMORE: (No. ... ST. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Batty

(a) RESIDENCE NO. 506 B. St. Sparrows Point ST., ... WARD Sparrows Point Md.
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. 38 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. Batty

6 DATE OF BIRTH (month, day, and year) July 4 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Beth. Steel Co.

9 BIRTHPLACE (City or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm A. Batty

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Gertrude Jones

(Address) 506 B St. Sparrows Point

Filed DEC 16 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6 1928 to Dec. 14 1928 that I last saw him alive on December 14 1928 and that death occurred, on the date stated above, at 1.55 a. m.

The CAUSE OF DEATH* was as follows:

Malignant papilloma of urinary bladder. Cystitis

(duration) yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) Perf. ulcer gall bladder. Abs. walls of abscess (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes Date of 11/7/28.

Was there an autopsy? Yes

What test confirmed diagnosis? Operation. Removal of Malignant papilloma from bladder.

(Signed) ... M. D.

12/14, 1928 (Address) ... University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemy DATE OF BURIAL Dec. 17 1928

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw Pl

CAUSE OF ... TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40275 ✓ 101-00 E 40275

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Liberty Heights ST. 15-61 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac Taylor Davis

(a) RESIDENCE NO. 3705 Liberty Heights ST., , WARD
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 1 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis D. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Harriet Lumpkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Harriet Lumpkin

(Address) 3705 Liberty Heights Ave.

15 Filed DEC 16 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from December 10, 19 28, to December 14, 19 28, that I last saw him alive on December 14, 19 28 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cuccolucci M. D.

12/16/28 (Address) 24 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	12/17 19 28
UNDERTAKER John A. Mitchell & Sons	ADDRESS Lexington Ave.

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40276

CERTIFICATE OF DEATH

90 ✓ E 40276

1—PLACE OF DEATH

REGISTERED NO. 17-50

CITY OF BALTIMORE: (No. 2735 N. Charles ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sydney Speiden Handy

(a) RESIDENCE NO. 2735 N. Charles ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Ritter Handy

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 68

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry J. Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Speiden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Kingman A. Handy

(Address) 902 University Pky

15 Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1928

17

I HEREBY CERTIFY, That I attended deceased from January, 19 26, to Dec 14, 19 28,

that I last saw h. alive on Dec 13, 19 28

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

many (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical examination

(Signed) Frank M Bettle M. D.

1/10, 19 29 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Dec 17 1928

20 UNDERTAKER John J Mitchell & Sons, 1900 Eutaw Place — ADDRESS

Important. See instructions on back of

Spec.—2-29-28—L. F. S.—500 Bks.

E 40277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 103 E 40277

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2501 Roslyn Ave ST. 15th (WARD)

2—FULL NAME John H. Slater

(a) RESIDENCE NO. Bel Air, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr. Clarence B. Slater

(Address) 2501 Roslyn Ave

15 Filed DEC 16 1928 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Dec 15, 1928, that I last saw h. alive on Dec 15, 1928 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physicall examination

(Signed) G. J Davis, M. D.

12-15, 1928 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bel Air Md.	Dec 18, 1928
UNDERTAKER John C. Mitchell & Sons	ADDRESS 1900 Eutaw St

important. See instructions on back of certificate

Cor.—12-9-25—A Co.—200 Bks.

E 40278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001 E 40278

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3612 Paine St. St., 13-52 Ward)

2-FULL NAME Laura V. Simmons

(a) RESIDENCE NO. 3612 Paine St. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Simmons

6 DATE OF BIRTH (month, day, and year) September 9, 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER John Shauck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Hubbard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Elizabeth Gerard

(Address) 820 W. 36th. St.

15 Filed DEC 16 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Death

Ill Gas Poisoning 12 hrs

(duration) hrs. mos.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. — ds.

Dec 14 '28 (Signed) G. G. Yates M. D.

(Coroner)

19 (Address) 143 W. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown (Balto. Co.) Date of Burial Dec. 17 1928.

UNDERTAKER Horace A. Burgee ADDRESS 2231 Falls Road

If dying in a hospital or institution, write the word HOSPITAL or INSTITUTION in place of street and number. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 24 ✓ E 40279

1—PLACE OF DEATH Lydenham Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 9-45 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Boyd

(a) RESIDENCE NO. Colora, Md (non-resident & Bucks) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	18	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Robert A. Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Emma Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Lydenham Hosp. Records.

(Address)

15 Filed DEC 16 1928 HAROLD J. JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 16, 1928, that I last saw h.. alive on Dec 16, 1928, and that death occurred, on the date stated above, at 9:15 A.M.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal examination

(Signed) H. Lachman, M. D.

, 19 (Address) Lydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Gottingham Md

DATE OF BURIAL Dec 16 1928

20 UNDERTAKER J. E. Tyson.

ADDRESS Rising Sun Md

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 ✓

REGISTERED NO. E 40280

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hosp. ST. 9-46 WARD)

2-FULL NAME John A. V. Leitch.

(a) RESIDENCE NO. 2708 Fenwick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Dora E. Leitch.

6 DATE OF BIRTH (month, day, and year) 7/9/1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Policeman

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Henry Martin Leitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co. Md.

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md.

14 Informant (Address) Daughter Renard.

15 Filed DEC 16 1928 D. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-23 1928 to 12-14 1928, that I last saw h/ alive on 12-14 1928, and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis.

(duration) 3 yrs. 7 mos. 22 ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis Pul. Embolism

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes: Date of 11/23/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Jno A Hampson M. D.

12/28/28 (Address) 1715 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Mrs Mrs John W. Teufel & Son — ADDRESS: 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40281

CERTIFICATE OF DEATH

129 ✓ E 40281

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 S Hanover St.) 22-30 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Brocato

(a) RESIDENCE NO. 631 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? 16 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Domenic Brocato

6 DATE OF BIRTH (month, day, and year): Sept 2 1863

7 AGE: Years 65 | Months 10 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cephalo Italy

PARENTS

10 NAME OF FATHER: Sam Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cephalo Italy

12 MAIDEN NAME OF MOTHER: Jennie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cephalo Italy

14 Informant: Jennie Scarduna

(Address) 631 S Hanover

15 Filed DEC 16 1928, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/14/28

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1927, to 12/14, 1928, that I last saw h alive on 12/13, 1928 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + + +

(Signed) Dan Francelia M. D.

12/14 1928 (Address) 1220 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy — DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1135 Harford Av

Important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

E 40282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40282

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkins Aves (ST.) 25-12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sallie Hartman

(a) RESIDENCE NO. 110 West C St (ST.) Burgwert (WARD) Md

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob M. Hartman

6 DATE OF BIRTH (month, day, and year): Aug 2, 1868

7 AGE: Years 60 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Wm E Northman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Priscilla Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs Cora H Crabill

(Address) 110 W C St Burgwert Md

15 Filed DEC 16 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-20, 1928, to 12-15, 1928, that I last saw her alive on 12-15, 1928 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas with ulcerative metastasis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Accidental

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/25/28

Was there an autopsy? No

What test confirmed diagnosis? Exploratory operation

(Signed) Howard Kelly M. D.

, 19 (Address) 1st & Charles Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Dec. 18 1928

20 UNDERTAKER: M. S. Flynn

ADDRESS: 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. INFORMATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 117 E 40283

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver (ST.) (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Cain

(a) RESIDENCE No. 1337 Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Cain

6 DATE OF BIRTH (month, day, and year) July 2 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jas. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Tilghman (Address) 1337 Hanover St.

15 Dec 16 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-1928

17 I HEREBY CERTIFY, That I attended deceased from 11-19-1928 to 12-13-1928, that I last saw her alive on 12-13-1928, and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Ruptured Pancreatic Cyst

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Peritonitis & Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Surgical Case

(Signed) A B Kenny M. D.

1928 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec. 17 1928

20 UNDERTAKER M. J. Flynn — ADDRESS 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

40284

820502 E40284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 31 E 40284

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cleveland Hoover

(a) RESIDENCE NO. Westminster Md ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. mos. 10 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Sarah

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer): 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Adam Hoover

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Francis E Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Owner

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1 6 1928, 19..... 16 [illegible] H SHOP NORTH

important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 16, 1928,

that I last saw h[illegible] alive on Dec 16, 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Tbc. meningitis

Pulmonary Tbc

(duration) 3 yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) Sidney A. Gladstone M. D.

12/16, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster

DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: H Bankard & Son

ADDRESS: Westminster Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40285

CERTIFICATE OF DEATH

100-001

E 40285

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1412 Towson ST. 24-35 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME THOMAS [illegible] KENNELLY

(a) RESIDENCE NO. 1412 Towson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kennelly

6 DATE OF BIRTH (month, day, and year) June 20, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	25 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired 4 years

9 BIRTHPLACE (city or town) Cheshire
(State or country) England

PARENTS

10 NAME OF FATHER William Kennelly

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Ward

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Elizabeth Kennelly (Wife)

(Address) 1412 Towson St.

DEC 17 1928

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/11, 1928, to 12/14, 1928

that I last saw h[illegible] alive on Dec 14, 1928

and that death occurred, on the date stated above, at 4.00 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. T. Campbell M. D.

12/16, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cemetery	Dec. 17 1928
20 UNDERTAKER Henry Sander & Sons Inc	ADDRESS BALTIMORE ST. & BROADWAY

Important. See instructions

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2192 27 E 40286 — CERTIFICATE OF DEATH — + 129 E 40286

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nathan R. Sachs

(a) RESIDENCE NO. 219 W. 81 St. New York WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 days How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Leb- Sachs

6 DATE OF BIRTH (month, day, and year) Aug 28-1891

7 AGE	Years	Months	Days 18	If LESS than 1 day, ...hrs. or ...min.
	37	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General natore of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Barnett Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ray Kinsberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 17 1928 H. Feldy JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 6, 1928, to December 16, 1928.

that I last saw h in alive on December 16, 1928

and that death occurred, on the date stated above, at 4:40 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Chronic myocarditis

Arterial hypertension

(doration) 6 yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Uremia with Cardiac failure (doration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination Urinalysis + Blood Chemistry

(Signed) Harold Hamburger, M. D.

12/16, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York city N. Y	12/17, 1928
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balt St

important. See instructions on back of

Dec.—2-29-28—L. F. S.—500 Bks.

E 40287 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40287

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1423 Mc. Culloh ST. 14-20 WARD)

2—FULL NAME Alice Armstrong

(a) RESIDENCE NO. 1423 Mc. Culloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 13, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James D. Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Ethel L. Motley

(Address) 203 Woodward Gardens

15 Filed DEC 17 1928 19

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1928, to Dec. 15, 1928.

that I last saw her alive on Dec. 14, 1928

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Myocarditis (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) C. C. Robinson, M. D.

12/16, 1928 (Address) 36 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: Dec. 19, 1928

20 UNDERTAKER: John C. Mitchell Sons

ADDRESS: 1900 Eutaw St.

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 40288

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (NO. ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie G. Green

(a) RESIDENCE NO. 2017 E Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl 9, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER James E Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Esther Rathell

(Address) 2017 E. Preston St.

Filed DEC 17 1928 C. HAMILTON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15- 1928

17 I HEREBY CERTIFY, That I attended deceased from November 28, 1928, to December 15, 1928, that I last saw him alive on December 15, 1928, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

Rheumatic Cardio-Vascular disease

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick Hall, M. D.

12-15 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 12/18 1928

20 UNDERTAKER J. H. Cook

ADDRESS 217 N. Carey St.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40289

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2326 Barclay ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary F. Conlin

(a) RESIDENCE NO. 2326 Barclay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Pebbo S. Conlin

6 DATE OF BIRTH (month, day, and year) May 27, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Cowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Francis E. Conlin

(Address) 2326 Barclay St

15 Filed DEC 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1928, to Dec 14th, 1928, that I last saw her alive on Dec 13th, 1928 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis & Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo. Hunger, III M. D.

12/15/1928 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Dec 17 1928

20 UNDERTAKER Offen Cook — ADDRESS 127 E Pratt St

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. In front of 7 W. Pratt St. 70-75 Ward)

Registered No. C. 188 E 40290

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Alvin D Ames

(Residence in Baltimore: No. 132 Augusta Ave St.; yrs. 50 mos. 4 ds. 8)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-DATE OF BIRTH. Aug (Month) 7 (Day) 1878 (Year)

7-AGE. 50 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work... Canvasser
(b) General nature of industry, business, or establishment in which employed (or employer)... Merchant

9-BIRTHPLACE, (State or Country). City

PARENTS:

10-NAME OF FATHER. Geo D Ames

11-BIRTHPLACE OF FATHER, (State or Country). Va

12-MAIDEN NAME OF MOTHER. Sallie Smith

13-BIRTHPLACE OF MOTHER, (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Catherine Ames

(Address)... 132 Augusta Ave

15-

Filed ... 192(

Per ... Registrar.

C. HAMPSON JONES, M. D.

DEC 17 1928

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Dec (Month) 15 (Day) 192 8 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an... Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said... Inquiry (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to crushing wound of chest struck by auto truck (Duration)... yrs.... mos.... ds.

CONTRIBUTORY (Secondary)

... (Duration)... yrs.... mos.... ds.

(Signed)... Eugene Feldy M. D. (Coroner)

12/15 192 8 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? In front of 7 W. Pratt St.

Former or usual residence...

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cem [redacted] Lawn

DATE OF BURIAL. Dec 18 1928

20-UNDERTAKER. W J Jenkins & Sons

ADDRESS North & Pennsylvania Ave

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Cause must be stated for every death, even though it occurred from old age or natural causes. This information is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40291

CERTIFICATE OF DEATH.

29 E 40291

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

2-FULL NAME Charles L. Vogelman

(a) RESIDENCE NO. 752 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna T. Rogan

6 DATE OF BIRTH (month, day, and year): Oct. 15 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Buyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Chas W. Vogelman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Margaret Ortalay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Records-1

15 Filed DEC 17 1928 19 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14. 1928. to Dec 15 1928, that I last saw h~~im~~ alive on Dec 15 1928, and that death occurred, on the date stated above, at 6-10 a.m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular - Renal Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (Cerebral)

(duration) yrs. 7 mos. ds.

Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of ——

What was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Wm A Hopkins M. D.

(Address) 111 Eden Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec 17 1928

UNDERTAKER: Wm Fleckner Sons

ADDRESS: North Ave

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40292

CERTIFICATE OF DEATH

90

E 40292

1—PLACE OF DEATH

REGISTERED NO. 16-2

CITY OF BALTIMORE: (No. 706 N. Gilmor ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Isaac

(a) RESIDENCE NO. 706 N. Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ellicott City, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Andrew Jackson Isaac

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Oliver

13 BIRTHPLACE OF MOTHER (city or town) Annapolis
(State or country) Maryland

14 Informant Mr. William A. Jones
(Address) 706 N. Gilmor St.

15 Filed DEC 17 1928, 19
By [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1927, to Dec 13, 1928, that I last saw her alive on Dec 13, 1928 and that death occurred, on the date stated above, at 10.23 P. m.

The CAUSE OF DEATH* was as follows:

Uremia - chronic

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Bamberger, M. D.

12/29, 1928 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Isaac Private Cemetery, Ellicott City	Dec. 17 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 West Baltimore St

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 40293

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 505 N. Fulton ST. 16-22 WARD)

2—FULL NAME Anna M. Doerksen

(a) RESIDENCE NO. 505 N. Fulton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt of Circulation Dept. Enoch Pratt Library

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer See Librarian

9 BIRTHPLACE (city or town) Mt. Joy
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Rev. Jacob Doerksen

11 BIRTHPLACE OF FATHER (city or town) Elburg
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Light

13 BIRTHPLACE OF MOTHER (city or town) Snyder Co
(State or country) Pennsylvania

14 Informant Miss Elizabeth Doerksen
(Address) 505 N. Fulton Avenue

15 Filed DEC 17 1928 HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Dec 13, 1928,

that I last saw her alive on Dec 13, 1928

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. Key McCown M. D.

12/14, 1928 (Address) 400 N. Peyson St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 17 1928
UNDERTAKER Rose M. Cook	ADDRESS 1003 West Baltimore St.

important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/2 E 40294

E 40294

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ____ ST. 1-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles W. James

(a) RESIDENCE NO. 822 W. Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 (a) If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth James

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles James

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Chase

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

14 Informant ____ (Address) ____

15 Filed DEC 17 1928 H. HANSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-28

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1928, to 12-14, 1928, that I last saw h[im] alive on 12-14, 1928 and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows: Tabes Dorsalis ?

Syphilis Central Nervous System

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? C.N. Wass; Autopsy

(Signed) BALTIMORE CITY HOSPITALS M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Dec 17 1928
20 UNDERTAKER Chas. N. Johnson	ADDRESS 416 N. Carolina St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40295 — 101-001 — E 40295

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. 14-24

CITY OF BALTIMORE: (No. Provident Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate Thompson

(a) RESIDENCE NO. 525 Sanford Pl ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Thompson

6 DATE OF BIRTH (month, day, and year) Unknown 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Betair (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Alice Johnson

(Address) 525 Sanford Place

15 Filed DEC 17 1928, 19 C. HAMPSON JONES Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928, to Dec 15, 1928, that I last saw h[illegible] alive on Dec 15, 1928 and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema with Effusion

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. P. Faulkner M. D.

12/15, 19 28 (Address) 600 Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Dec 17 1928
20 UNDERTAKER	ADDRESS
Wm. H. Chase & Son	1400 Madison

important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Leroy R Nash

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40296

E 40296

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2839 Remington Ave ST. 10-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy R. Nash

(a) RESIDENCE. No. 2839 Remington Ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14-28

7 AGE: Years 5 Months Days 2

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Spencer M. Nash

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah E. Price

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Sarah E. Nash

(Address) 2839 Remington

15 Filed Dec 17 1928, 19 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 16, 1928, that I last saw h— alive on Dec 16, 1928, and that death occurred, on the date stated above, at 11.00 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

Dec 16 1928 (Address) 1134—

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: Chas H Elmes & Son

ADDRESS: Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40297

CERTIFICATE OF DEATH.

90

E 40297

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1726 Light St. 43-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William P. Blizzard

(a) RESIDENCE NO. 1726 Light St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	white	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18 - 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Blizzard

11 BIRTHPLACE OF FATHER (city or town) Carroll

(State or country) Md.

12 MAIDEN NAME OF MOTHER Susanna Wiener

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.

(State or country) Md.

14 Informant David Blizzard

(Address) 1726 Light St.

Filed 19

Per Registrar

C. HARRISON JONES, M. D.

C 1 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12 - 15 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 15, 1928, that I last saw h... alive on Dec 15, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) 2 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

12/16 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Carrollton Carrol. Co. Md. 12/18 1928

20 UNDERTAKER J. F. McCally ADDRESS 1308 Fort.

OF DEATH is plain, very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40298 — 188-092 — E 40298

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE (No. Balto City Hospital ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm White (Bialozewski)

(Residence in Baltimore: No. 619 S Streeper St St.; yrs. 5/12 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June Bialozewski

..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION

(a) Trade, profession, or particular kind of work ..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Street Repair

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Lawrence Bialozewski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Julia .....

(Address) 619 S Streeper St

15- Filed DEC 17 1928 191 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15, 1928

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull & Hemorrhage

Contusion of Lungs & Pleura & Multiple Injuries Street Car & Pedestrian

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Denton M. D.

(Coroner.)

12-15 1928 (Address) 700 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 10 St between Hudson & Dolcon

Former or usual residence 619 S Streeper St

19-PLACE OF BURIAL OR REMOVAL, St Francis Xaviers — DATE OF BURIAL, 12-17 1928

20-UNDERTAKER Stephen J Hallowell — ADDRESS 1 Franklin Ca

N.B. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 40299

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 E. East Ave ST., 1 WARD)

2-FULL NAME Stanley Jendzejczak

(a) RESIDENCE NO. 1113 E. East Ave ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. — mos. — ds. How long in U. S., if of foreign birth? 4 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-24-27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Jendzejczak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Makarska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Bernard Jendzejczak

(Address) 1113 E. East Ave

15 Filed DEC 17 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15- 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Dec. 15, 1928,

that I last saw him alive on Dec. 15, 1928,

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) O. B. Bodmerbers, M. D.

12-16 1928 (Address) 3037 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	12-17 1928
20 UNDERTAKER	ADDRESS
Stephen J Kuchowski	1000 N Kenwood Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

27 0103 E 40300

99-002 E 40300

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL S. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrol Roberts

(a) RESIDENCE NO. 1401 Myrtle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) 9-25-90

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	28	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Carol

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed DEC 17 1928, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 13, 1928, that I last saw him alive on Dec 13, 1928 and that death occurred, on the date stated above, at 6 20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchuckeis -

Lung abscess -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) James Bordley, M. D.

12-14, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	12/17 1928
20 UNDERTAKER Thomas E. Nelson	ADDRESS 1303 Fremont St

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40301

CERTIFICATE OF DEATH.

101-001

E 40301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1937 Pa. Ave — ST. 14-20 (WARD)

2-FULL NAME Dorothy Woodson

(a) RESIDENCE NO. 1937 Pa. Ave — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City.

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) City.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Woodson

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James Johnson —
(Address) 1937 Pa Ave

15 Filed DEC 17 1928 S. HAMPSON JONES, M. D.
Registrar

Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/14, 1928, to 12/14, 1928, that I last saw living alive on 12/14, 1928, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) about 1 wk yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj Kluth, M. D.

12/15, 1928 (Address) 2134 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	12/17 1928

UNDERTAKER Thomas E. Kelson

ADDRESS 1203 Pressman St

CAUSE OF DEATH. See instructions on back of certificate. THIS is very important

Spec.—1-12-23—M&T—500 Bks.

E 40302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 23

E 40302

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 17-51 WARD)

2-FULL NAME Charles Martin

(a) RESIDENCE No. 2413 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Casmintia A. Martin

6 DATE OF BIRTH (month, day, and year) Sept 6 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Casmintia A. Martin (Address) 2413 Maryland Ave

15 Filed DEC 17 1928 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/1928

17 I HEREBY CERTIFY, That I attended deceased from 12/13, 1928, to 12/14, 1928, that I last saw him alive on 12/14, 1928, and that death occurred, on the date stated above, at 3 50 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis and cholelithiasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12/13/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Edward F. Buehner M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem

DATE OF BURIAL Dec 17 1928

20 UNDERTAKER E. Chenowith Son

ADDRESS 2118 Eutaw Ave

TION is very important See instructions on back of Certificate

EC 17 1928

H. W. SONS DONALDSON

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40303

166

CERTIFICATE OF DEATH.

REGISTERED NO. E 40303

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Mem Hosp (St.) 19-19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Comfort

(a) RESIDENCE NO. 2012 N Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If ~~married, widowed, or~~ divorced (or) WIFE of: Arthur E. Comfort

6 DATE OF BIRTH (month, day, and year): Feb 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	10.		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Edward Carter

11 BIRTHPLACE OF FATHER (city or town): Unk

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant: E. E. Comfort

(Address) 929 N Eutaw Ave

Filed: DEC 17 1928 Clinton Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held the Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Hg Cl

Duration 15 ds.

CONTRIBUTORY (Secondary) A. Laphorn

Duration 1 ds.

(Signed) E. E. Comfort M. D.

(Coroner)

Dec 15, 19 (Address) 143 N Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hamden — Date of Burial: Dec 17 19 28

20 UNDERTAKER: Chenowith Son — ADDRESS: 2[illegible] Eutaw Ave

DEC 17 1928

THIS SPACE TO BE LEFT BLANK. OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40304

CERTIFICATE OF DEATH.

11-Q 40304

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3512 Bentz Vista ST., 13-57 WARD

2-FULL NAME Gebert merson

(a) RESIDENCE NO. 3512 Bentz Vista ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) 3512 Bentz Vista

PARENTS

10 NAME OF FATHER John merson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Ethel Kinsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant John merson
(Address) 3512 Bentz

15 Filed 19 Per Registrar

C. HARRISON JONES, M. D.

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 16, 1928, that I last saw him alive on Dec 16, 1928, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) C F Culpepper, M. D.

(Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md.

20 UNDERTAKER C Kenworthy Sons

DATE OF BURIAL Dec 18 1928

ADDRESS 3615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40305

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Mount ST. 1928 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin F. Southard

(a) RESIDENCE NO. 230 S Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Southard

6 DATE OF BIRTH (month, day, and year) Nov 14, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Benjamin Southard

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant L. Walsworth

(Address) 230 S. Mount St

15 Filed DEC 17 1928, 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Dec 14, 1928, that I last saw h.. alive on Dec 13, 1928 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 17 1928
20 UNDERTAKER Wm Cook	ADDRESS 1217 E Fed St

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

J. R. Kelly Routson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40306

CERTIFICATE OF DEATH.

57 E 40306

1-PLACE OF DEATH J. R. Kelly Routson

CITY OF BALTIMORE: (No. Sinai Hospital St.) 26-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME J R Kelly Routson

(a) RESIDENCE NO. 3804 Greenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie E Routson

6 DATE OF BIRTH (month, day, and year): Aug 12 64

7 AGE — Years: 64 Months: 3 Days: 21 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Bond Broker

(c) Name of employer: Benjamin Ho

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo Routson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Carrie Rook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Carrie E Routson

(Address): 3804 Greenwood Ave

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

EC 17 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1928. to Dec 13 1928.

that I last saw h[illegible] alive on Dec 13 1928.

and that death occurred, on the date stated above, at 8 15 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Diabetes Mellitus

Diabetic Gangrene of Lft leg

(duration) 5 yrs mos 1½ da.

CONTRIBUTORY (Secondary)

(duration) yrs mos 1 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec 12-1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Surgical

(Signed) Fenton Sheary M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 17 1928

20 UNDERTAKER: W M Routson

ADDRESS: 2238 N Mt

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40307

CERTIFICATE OF DEATH.

51 E 40307

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hos 21-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Hellingueat

(a) RESIDENCE NO. 1430 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frantz Hellingueat

6 DATE OF BIRTH (month, day, and year): May 25 1857

7 AGE: Years 71 Months 6 Days 20 If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Own family

(c) Name of employer: Different people

9 BIRTHPLACE (city or town)

(State or country): South Carolina

PARENTS

10 NAME OF FATHER: Andrew Jeffries

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Petersburg Va

12 MAIDEN NAME OF MOTHER: Hannah Hudson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Petersburg Va

14 Informant: Frantz Hellingueat

(Address): 1430 Carroll St

15 Filed DEC 17 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Benton M. D.

(Coroner)

12/16 1928 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1430 Carroll St

Former or usual residence 1430 Carroll St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemtery — Date of Burial: 12/17 1928

20 UNDERTAKER: Walter B. Spriggs — ADDRESS: 1911 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Yost ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40308

CERTIFICATE OF DEATH.

90 E 40308

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Chatham Road ST. 15 63 WARD

2-FULL NAME Mary Elizabeth Yost,

(a) RESIDENCE NO. 3617 Chatham Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Yost

6 DATE OF BIRTH (month, day, and year) July 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Peter Troh,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hax,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant See Yost (Address) 3617 Chatham Road

Filed DEC 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Dec 16/28, 19

that I last saw her alive on Dec 15, 19 28,

and that death occurred, on the date stated above, at 6 20 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Diabetes - High blood pressure - duration?

Myocarditis about 6 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis from Auto about

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Waller & Niblett M. D.

Dec, 19 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Frederick Md 19

20 UNDERTAKER ADDRESS

Geo W Little

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40309

CERTIFICATE OF DEATH

74-001 ✓

REGISTERED NO. E 40309

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2119 E. Chase St. ST., 8-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Lowry

(a) RESIDENCE NO. 2119 E. Chase St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth 55 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James A. Lowry

6 DATE OF BIRTH (month, day, and year) May 1st. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John McKinzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bessie Holt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James A. Lowry
(Address) 2119 E. Chase ST.

15 Filed DEC 17 1928 HARRY H. JONES M. D. Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1925, to Dec. 16, 1928, that I last saw her alive on Dec. 16, 1928 and that death occurred, on the date stated above, at 3, 25 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? No special tests

(Signed) A. O. Adams M. D.

DEC 16, 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — DATE OF BURIAL Dec 19, 1928

20 UNDERTAKER Philip Henrig — ADDRESS 2016 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

E 40310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 105 E 40310

(REGISTERED NO.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 27-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hampton C Walker

(a) RESIDENCE NO. 5 Enfield Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred – yrs. 4 mos. – ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? – yrs. – mos. – da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Goldsborough

6 DATE OF BIRTH (month, day, and year) December 24, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	56	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pikesville

(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Henry

11 BIRTHPLACE OF FATHER (City or town) Pikesville

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosa Wittnacht

13 BIRTHPLACE OF MOTHER (city or town) Pikesville

(State or country) Maryland

14 Informant Mrs. Teresa G. Walker

(Address) 5 Enfield Road, Homeland

15 Filed DEC 17 1928 C. HAMPTON JONES, M. D. Registrar

Per RLH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/15/28, 19..., to 12/16/28, 19..., that I last saw h... alive on 12/16/28, 19..., and that death occurred, on the date stated above, at 6.25 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Acute

(duration) 16 hrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F. W. Mitchell, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Druid Ridge Cemetery	12/18 19 28

20 UNDERTAKER Henry W. Myers and Son ADDRESS 405 N. Calvert

(If death occurred from any disease required to be reported to the Health Department, a report should be sent to that Department before burial. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40311

CERTIFICATE OF DEATH

3 1 E 40311

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2216 Eastern Ave. (WARD) 2

2—FULL NAME John Kimczycki

(a) RESIDENCE No. 2216 Eastern Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): 1894

7 AGE: Years 34 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agt

(b) General nature of industry, business, or establishment in which employed (or employer): 61

(c) Name of employer: Mutual Life Ins Co

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Kimczycki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Lenik.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mary Kimczycki

(Address) 2216 Eastern Ave

15 Filed DEC 1-7 1928 19

HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14-28

17

I HEREBY CERTIFY, That I attended deceased from Dec 8 , 19 28 , to Dec 14 , 19 28 ,

that I last saw him alive on Dec 14 , 19 28

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B

(duration) Since yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis 1 day

Pulmonary edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam + Laboratory

(Signed) A. F. Reis, M. D.

Dec 17, 1928 (Address) 24 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Dec 18 1928

20 UNDERTAKER: F W Ozazewski

ADDRESS: 1930

Important. See instructions on reverse side.

Spec.—1-16-21—M&T—1500 Bks.

E 40312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40312

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No. 142 St. Collington Ave WARD 10)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Monster

(a) RESIDENCE No. 142 St. Collington ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1-1912

7 AGE Years 16 Months 10 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Jack Monster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie H

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Monster

(Address) 142 St Collington

15 Filed DEC 1 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-16 1928 to 12-16 1928,

that I last saw h alive on 12-16 1928,

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza & Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Rubinstein, M. D.

12/16 1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel DATE OF BURIAL 12/17 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40313

CERTIFICATE OF DEATH

REGISTERED NO. E 40313

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Clifton av ST. 13-57 WARD)

2—FULL NAME Margaret M. Bayer

(a) RESIDENCE NO. 1533 Clifton Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of Harry E. Bayer

6 DATE OF BIRTH (month, day, and year) Jany 28-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leo Eckstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry E. Bayer

(Address) 1533 Clifton av

15 Filed DEC 17 1928, 19 C. HAMPSON GIBBONS, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 15, 1928, that I last saw her alive on Dec 15, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH was as follows:

Myocarditis & Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. V. Lawrence M. D.

12/15, 1928 (Address) 1 E Chase St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec. 18 1928
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1907 W. North av

Important: Use typewriter or pen and ink. Do not write in this space.

C 17 1928 C. HAMPSON GIBBONS, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 40314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 40314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.P.) ST., 17-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Smith

(a) RESIDENCE NO. 617 Bradley st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Smith

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Pryor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed DEC 17 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 10, 19 28, to Dec. 12, 19 28, that I last saw her alive on Dec. 12, 19 28, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

12-13, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL, DATE OF BURIAL DEC 17 19 28

UNDERTAKER [illegible] ADDRESS

TION is very important See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40315

E 40315

CERTIFICATE OF DEATH.

161-D

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2431 Francis St. 13-59 (Ward)

2-FULL NAME Baby Boy Small

(a) RESIDENCE NO. 2431 Francis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, 10 hrs or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Small

11 BIRTHPLACE OF FATHER (city or town) Georgetown
(State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Martha Gannon

13 BIRTHPLACE OF MOTHER (city or town) Marion
(State or country) So. Carolina

14 Informant Samuel Small
(Address) 2431 Francis St

15 Filed DEC 17 1928 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Dec. 15, 1928.

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Mosey, M. D.

, 19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS DEC 17 1928

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 40316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 161 E 40316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 Warner ST. 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Jackson

(a) RESIDENCE NO. 1004 Warner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (Write the word): Singl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1, 1928

7 AGE: Years | Months | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Norman Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rottway Virginia

12 MAIDEN NAME OF MOTHER: Pearl Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rottway Virginia

14 Informant (Address): Pearl Jackson 1004 Warner St.

15 Filed: DEC 17 1928 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928. to Dec 15, 1928.

that I last saw her alive on Dec 15, 1928.

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Wolbach M. D.

, 19 (Address) Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: DEC 19 1928

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 40317

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hawkins, William A.

(a) RESIDENCE NO. 1602 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 5½ mos. —ds. — How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro.

5 Single, Married, Widowed, or Divorced, (write the word): ?

a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years 54 | Months — | Days — | If LESS than 1 day, —hrs. or —min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newsboy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: J. Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Md.

12 MAIDEN NAME OF MOTHER: Clara Calbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Md.

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 ....., 19..... C. HAMPSON JONES, M. D. Registrar

C 171928 Par [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-15-28

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1928, to Dec 15, 1928,

that I last saw h/m alive on Dec 15, 1928

and that death occurred, on the date stated above, at 12 15 A. m.

The CAUSE OF DEATH* was as follows:

C. N. S. Syphilis

(duration) over yrs. 18 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Tuberculosis

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operatinn precede death? No Date of —

Was there an autnpsy? No

What test confirmed diagnosis?

(Signed) H. W. Wood M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter's Cemetery	Dec 19, 1928
20 UNDERTAKER	ADDRESS 2221 Schroeder St
Mrs Kate R. Williams	

Important. See instructions on back of this blank.

Spec.–7-17-26—A Co.—200 Bks.

E 40318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40318

CERTIFICATE OF DEATH

47

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6500 Old Harford Road St.) Hamilton (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie N. Boods

(a) RESIDENCE NO. 6500 Old Harford Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): aug. 27th 1855

7 AGE: Years 73 Months 3 Days 18

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Seester

(State or country) Germany

PARENTS

10 NAME OF FATHER Joachim Boos

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Cathelia Hell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Theresa Gutteridge

(Address) 6500 Old Harford Road

C. HARRISON JONES, M. D.

15 Filed

Par Par Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1927 to Dec 15th 1928 that I last saw h alive on Dec 15 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Right Breast with general Metastasis Lateral Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. Harrison Jones M. D.

. 19 (Address) Westport Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — Date of Burial: dec. 18 1928

20 UNDERTAKER: Frederick Loselno Sons — ADDRESS: Fulleton

tion should be carefully supplied. ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

(Mary Bradbury)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40319

91-002 ✓

E 40319

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bradbury, Mary

(a) RESIDENCE NO. 517 So. East Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	27	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work None

(b) General nature nf industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Thomas Chambers

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) England

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) England

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... C. HAMPSON JONES, M. D., Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-28

17 I HEREBY CERTIFY, That I attended deceased from 5-27, 19 28, to 12-14, 19 28, that I last saw h.. alive on 12-14-, 19 28, and that death occurred, on the date stated above, at 4 20 P. M.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) ? yrs. mns. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duratinn) ? yrs. mos. ds.

18 Where was disease rontracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? W. Huch

(Signed) BALTIMORE CITY HOSPITALS M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tamaqua, Penna.	Dec. 18 19 28
20 UNDERTAKER George N. Finkler	ADDRESS 1737 E. Eager St.

Important. See instructions on reverse side.

Spec.—1-12-23—M&T—500 Bks.

E 40320 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40320

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 E. Lanvale St. 16-22 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel J. Feries

(a) RESIDENCE NO. 1403 E. Lanvale St., (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	married.

5a If married, widowed, or divorced HUSBAND of ~~-or) WIFE of~~ Julia D. Feries

6 DATE OF BIRTH (month, day, and year) June 2, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	65	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Julia D. Feries

(Address) 1403 E. Lanvale

Filed DEC 17 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 19 28 to Dec. 15, 19 28

that I last saw h[illegible] alive on Dec. 15, 19 28

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Pulmonary Orifice

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 12-19 1928

UNDERTAKER George I. A. Gibson

ADDRESS 1735 Druid Hill Ave

CAUSES OF DEATH: See instructions on back of certificate. ATTENTION is very important

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40321

CERTIFICATE OF DEATH

E 40321

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2656 Lanvale St. (ST.) 25-15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Mae Foster

(a) RESIDENCE NO. 2656 Lanvale ST., Bruce WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James H.

6 DATE OF BIRTH (month, day, and year): Dec 20 56

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Penn

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't know

14 Informant: James H. Foster
(Address): 2656 Lanvale St.

15 Filed: C. HAMPSON JONES, M. D. Registrar

71028

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1928, to Dec 16th 1928, that I last saw her alive on Dec. 15th 1928, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Doug Leibel M. D.

12/16 1928 (Address) 124-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec. 15 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 2 7 St Paul St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40322 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 40322

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hall, Rachel

(a) RESIDENCE NO. 1500 Asquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? ? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

3-a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	?	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Fred Hall

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Taylor

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

14 Informant

(Address)

15 Filed 12-19-28 G. HAMPSON JONES, M. D. By Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-28

17 I HEREBY CERTIFY, That I attended deceased from 11-19, 1928, to 12-16, 1928, that I last saw her alive on 12-16, 1928, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis; Senility

Prolapse rectum (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. M. Stuck M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec 19 1928
UNDERTAKER Frederick Cook	ADDRESS 120 St Paul

Important. See instructions on back of

Spec.—1-12-23—M&T—500 Bks.

Meyers

E 40323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 40323

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 23-31 WARD)

2-FULL NAME Albert Meyers

(a) RESIDENCE NO. 1103 Slash Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) June 7, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lizzie Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Louis Meyers

(Address) 1103 Slash Alley

15 Filed DEC 17 1928, H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1928, to Dec. 17, 1928, that I last saw h[illegible] alive on Dec 17, 1928, and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

Cerebellar Tumor

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & clinical

(Signed) Luther B. Leute M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sut. Crest Cem

DATE OF BURIAL Dec 20 1928

20 UNDERTAKER William Cook

ADDRESS 1211 St. Paul.

CAUSE OF DEATH to plain letters. See instructions on back of certificates. TION is very important

C 17928

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Smith

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40324 4706 E 40324

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No.) 5513 Plymouth Rd ST. (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice L Moog.

(a) RESIDENCE NO. 5513 Plymouth Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Moog.

6 DATE OF BIRTH (month, day, and year) Mar 20 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Arthur Gough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Herman Moog

(Address) 5513 Plymouth Rd

15 Filed DEC 17 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Dec 15 1928, that I last saw h. alive on Dec 15 1928 and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

& Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan Brews, M. D.

12/17 1928 (Address) 4 W Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Bur

DATE OF BURIAL 12/18 1928

UNDERTAKER J. W. Cook

ADDRESS 1217 E Pratt

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40325

CERTIFICATE OF DEATH.

43E 40325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1616 Etting St. Ward 14-30)

2-FULL NAME Geo E. Boulden.

(a) RESIDENCE NO. 1616 Etting, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E.

6 DATE OF BIRTH (month, day, and year): Jan 2-1879

7 AGE: Years 49 Months 11 Days 12

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Gilbert Boulden

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Markum

13 BIRTHPLACE OF MOTHER (city or town): "

(State or country)

14 Informant: Mrs E. Boulden

(Address): 1616 Etting St

17 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue and throat

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Dec 19 28 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial 12/18 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS 1283 Hollins St

OF DEATH in plain terms, so that it may be a very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 40326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40326

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 St Paul St.) (WARD) 12-50

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Covell

(a) RESIDENCE NO. 2110 St Paul St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 10 mos. 33 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 18, 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alvin Covell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Plainfield New Jersey

12 MAIDEN NAME OF MOTHER: Mary A Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frenchtown Cecil Co Md

14 Informant: Louis Covell
(Address) 205 Club Road

15 C. HAMPSON JONES, M. D.
Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-15- 1928 to 12-16 1928, that I last saw h alive on Dec 15 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 30 min ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Wm Deane M. D.

12-17 1928 (Address) 11 Saint Paul Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 12-18 1928

20 UNDERTAKER: Henry W. Jenkins' Sons Co. — ADDRESS: Richard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40327 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2753 Maryland Ave. ST. 7-51 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary McCarthy

(a) RESIDENCE NO. 2753 Maryland Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James D. McCarthy

6 DATE OF BIRTH (month, day, and year) May 2nd. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	67	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick O'Keefe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hanora Kelleher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Nora McCarthy
(Address) 2753 Maryland Ave.

15 C. HAMPSON JONES, M. D.
Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9 1928 to Dec 16 1928, that I last saw her alive on Dec. 16 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) E. T. Bouchelle M. D.

12-17 1928 (Address) 2104 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery. DATE OF BURIAL: 12/19 1928

20 UNDERTAKER: Chas. D. Maus & Son ADDRESS: 1810 N. Royal Ave

CAUSE OF DEATH. See instructions on back of certificate. TION is very important

Spec.—2-29-28—L. F. S.—500 Bks.

E 40328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40328

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5132 Belair Road ST., 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME FREDERICK HERRMANN

(a) RESIDENCE NO. 3105 E. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Herrmann

6 DATE OF BIRTH (month, day, and year) January 2,1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	14	

8 OCCUPATION OF DECEASED

(a) Tradr, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employrr)

(r) Name of employer Retired 15 years

004

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Caroline Herrmann (Wife)

(Address) 3105 E. Fairmount Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

C 171928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16,1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 16, 1928, that I last saw h[illegible] alive on Dec 16, 1928 and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What trat confirmed diagnosis?

(Signed) M. L. Mazar, M. D.

12/17, 1928 (Address) 2612 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Dec. 19 1928
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS BALTIMORE ST. & BROADWAY.

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40329

CERTIFICATE OF DEATH

38

E 40329

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1125 Briscoe ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Garfield Lawson

(a) RESIDENCE NO. 1125 Briscoe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frankie Sorrell Lawson

6 DATE OF BIRTH (month, day, and year): May 11 1882

7 AGE: Years 46 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): marble yards

(c) Name of employer: Hilgartner marble Co.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Matthew Lawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Frank Lawson

(Address): 629 W. Lee St.

Filed DEC 18 1928, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16/28

17 I HEREBY CERTIFY, That I attended deceased from 11/17/28 to 12/16/28

that I last saw him alive on 12/15/28

and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Sub. acute Interstitial nephritis about (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (Probably fatal) Arteriosclerosis about (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/16/28 19 (Address) 908 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12-19 1928

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Wood Hill

Important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40330

CERTIFICATE OF DEATH.

124 40330

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3512 Chestnut Ave (St.) 13-57 (Ward)

2-FULL NAME Charles R. Connelley

(a) RESIDENCE No. 3512 Chestnut Ave St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Doressa Connelley

6 DATE OF BIRTH (month, day, and year) Feb 10 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Doressa Connelley
(Address) 3512 Chestnut Ave

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar
By

CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Dec 15, 1928, that I last saw him alive on Dec 15, 1928, and that death occurred, on the date stated above, at 9 57 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J N Wilson M. D.

, 19 (Address) 823 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Marys Cemetery 12/18 19

20 UNDERTAKER — ADDRESS

Franklin & Sons 709 N 33 St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 4033T

CERTIFICATE OF DEATH.

74-001 4033T

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 736 Pacific ST. 13-51 WARD)

2-FULL NAME Mary Petticord

(a) RESIDENCE NO. 736 Pacific ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: James B Petticord

6 DATE OF BIRTH (month, day, and year): Sept 1857

7 AGE — Years: 71 — Months: 3 — Days: — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: James B. Petticord

(Address) 736 Pacific St

15 DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

Per RKP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 16, 1928, that I last saw her alive on Dec 15, 1928 and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

no (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis-Senile Changes

do not know (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) C. Hampson Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mary's Cemetery Ranelagh

DATE OF BURIAL: Dec 18 1928

20 UNDERTAKER: A. S. Marshall

ADDRESS: 3539 Fall Rd

CAUSE OF DEATH must be filled in plainly. TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 40332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 40332
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 730 Pierce St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonza W. Webb

(a) RESIDENCE NO. 730 Pierce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Webb

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Wife - Catherine

(Address) 630 Lee St

15 Filed 19 HARRISON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Gallo M. D.
(Coroner)

12/17 19 28 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL US National Cem Date of Burial Dec 21 19 28

20 UNDERTAKER J. R. Brown & Son ADDRESS 1611 W. Mont

DEC 21 1928

DO NOT WRITE IN SPACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

E 40333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40333

CERTIFICATE OF DEATH

74-001

REGISTERED NO.

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST 14-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henriette Peck

(a) RESIDENCE NO. 335 W. Mc Mechen ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widnwed, or Divorced, (write the word)
Female	Negro	Widow

a If married, widowed, or divorced HUSBAND nf (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Housewife

(b) General nature nf Industry, business, or establishment in which employed (or employer) —

(c) Name nf employer —

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Va.

12 MAIDEN NAME OF MOTHER Lucilla ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Va.

14 Informant (Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-28

17 I HEREBY CERTIFY, That I attended deceased from 12-4, 1928, tn 12-14, 1928, that I last saw her alive nn 12-14, 1928, and that death occurred, on the date stated above, at 5-?? p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3? ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. W. Peck M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-18 1928
20 UNDERTAKER	ADDRESS
Daniel Easton	Belmont

Important. See instructions on back of Certificate

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40334 90

REGISTERED NO. E 40334

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Glendening ST., 13-59 WARD)

2—FULL NAME Annie Palm

(a) RESIDENCE NO. 1100 Glendening ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

14 Informant: Mary Thorto

(Address) 1100 Glendening

15 Filed DEC 18 1928, H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1925, to Dec 15, 1928,

that I last saw h alive on Dec 15, 1928

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Norwood, M. D.

Dec 17, 1928 (Address) 909 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12-18-28

20 UNDERTAKER: Dent Eaton — ADDRESS 916 Park

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40335

188-203

CERTIFICATE OF DEATH.

E 40335

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals Ward 11-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall Shipley

(a) RESIDENCE NO. 3528 Esther Pl St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Shipley

6 DATE OF BIRTH (month, day, and year) June 28-1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Worker

(b) General nature of Industry, business, or establishment in which employed (or employer) Eastern Rolling Mills

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Mountjoy Shipley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dont Know

14 Informant Mrs Eleanor Shipley

(Address) 3528 Esther place

15 Filed Dec 19 1928 H. VON JONES, M. D. Registrar

EC 18 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture R Parietal Bone
Causing his Death
Brain Injury & Hemorrhage
Auto truck Motorcycle accident (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

(Signed) James M Revlon M. D.
(Coroner)

Dec 17 1928 (Address) 102 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? North Point Rd Balto Co

Former or usual residence 3528 Esther Pl

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garage Md Cem Date of Burial Dec 18 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans St

tion should be carefully supplied. It is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

40336 1—PLACE OF DEATH

REGISTERED NO. E 40336

CITY OF BALTIMORE: (No. 5508 Rennel Ave 27 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emil G. Forstuber

(a) RESIDENCE NO. 5508 Rennel Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widnwed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Forstuber

6 DATE OF BIRTH (month, day, and year): Feby 5-1865

7 AGE: Years 63 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, nr establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Emil Forstuber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Doff Linden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant: Mrs Theresa Forstuber

(Address) 5508 Rennel Ave

15 Filed DEC 18 1928 By H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15-1928.

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 15 1928

that I last saw h[illegible] alive on Dec 14 1928

and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis about 2 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis with dilated Heart about 2 yrs

(duratinn) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typhoid & X Ray

(Signed) Walter S Gibbs, M. D.

Dec 7/28 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths frnm Vinlent Causes, state (1) Means and Nature nf Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 18 1928

20 UNDERTAKER: D. John Ulrich

ADDRESS: 28 Orleans

important. See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40337

CERTIFICATE OF DEATH.

90 E 40337

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5835 York Road ST. 27-48 (WARD)

2-FULL NAME Jenifer Bolitho Hocking

(a) RESIDENCE NO. 5835 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 8 mos. 8 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb-27-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Cornwell, England

PARENTS

10 NAME OF FATHER: William Hocking

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cornwell, England

12 MAIDEN NAME OF MOTHER: Jenifer Bolitho

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cornwell, England

14 Informant: Dr. Geo. H. Hocking, (brother)

(Address) 5835-York Road-Govans, City.

15 DEC 18 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Dec 17, 1928, that I last saw h[illegible] alive on Dec 17, 1928, and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Myocardial Disease.

Cerebral Hemiplegia.

Senility

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency with Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. W. Bridgman M. D.

1928 (Address) 11 E. Chase St. Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frostburg, Alleghaney Co. Md.

DATE OF BURIAL: Dec/19/ 1928

20 UNDERTAKER: [illegible] & HOWEN COMPANY (William F. Hooper, Successor)

ADDRESS: 108 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40338

CERTIFICATE OF DEATH

31 E 40338

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 147 N. Exeter St ST. 5-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anshal Gostomelesky

(a) RESIDENCE NO. 147 N. Exeter St ST.. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? 22 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta Gostomelesky

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Gostomelesky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antonn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Michelson

(Address) 2327 Bryant ave

15 Filed DEC 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to Dec 16, 1928, that I last saw h alive on Dec 16 1928 and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B Kaden, M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 12/19 19 28

20 UNDERTAKER Jack Levis

ADDRESS 1439 E Balt St

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40 E 40339

40 E 40339

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Beck

(a) RESIDENCE NO. 269 S Potomac st (Usual place of abode) Hagerstown Md ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 13 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) 12-6-56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	-	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER B F Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D. By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1928. to Dec 18 1928. that I last saw h[illegible] alive on Dec 8 1928 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

My patient to be removed

Interval mos. ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

Hypostatic (duration) 3 days mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Physical Examination

(Signed) E. C. James, M. D.

19 (Address) E. C. James 1 E Washington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md Rose Hill

DATE OF BURIAL 12-20 1928

20 UNDERTAKER C M Lutz & Sons

ADDRESS Hagerstown

C 18 1928

important. See instructions on back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40340 — 24-001

1—PLACE OF DEATH

REGISTERED NO. E 40340

CITY OF BALTIMORE: (No.) 4606 Maine Ave (Dist. 28-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Hooper

(a) RESIDENCE NO. 4606 Maine Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret A. Hooper

6 DATE OF BIRTH (month, day and year): June 22 - 1871

7 AGE — Years: 57 — Months: 10 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Exec. Secy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Endowood Sanitorium

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Augustus Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Pattison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Margaret A. Hooper

(Address): 4606 Maine Ave.

15 Filed DEC 18 1928, 19 — HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 17, 1928,

that I last saw him alive on Dec 17, 1928

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. C. Smith, M. D.

Dec. 19, 28 (Address) 4509 Gibson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: Wm. J. Fickus Sons

ADDRESS: North Ave

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40341

CERTIFICATE OF DEATH

100-001 E 40341

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 110 East 20" St (Ward) 17-50

2—FULL NAME Eliza Jane Ball

(a) RESIDENCE NO. 190 East 20" ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: John D. Ball

6 DATE OF BIRTH (month, day, and year): Feb. 20 1841

7 AGE — Years: 87 Months: 9 Days: 26 If LESS than 1 day, hrs. or min.: 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm. C. Ball

(Address): 2946 Clifton Ave.

15 Filed DEC 18 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11th, 1928, to Dec. 15, 1928, that I last saw h[illegible] alive on Dec 16th, 1928 and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) J. E. Poulton M. D.

12/17, 1928 (Address) 3909 Gamson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Dec 18 1928

20 UNDERTAKER: Wm J Jackson & Sons

ADDRESS: Lafayette

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

40342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 Clifton Ave ST.) 15-60 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Laura Casander Saunders

(a) RESIDENCE NO. 2842 Clifton Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Wid.

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ Joseph William Saunders

6 DATE OF BIRTH (month, day, and year) Nov 20, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co.

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles H Saunders

(Address) 2216 Poplar Grove St

15 DEC 13 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1927 to Dec 17, 1928, that I last saw her alive on Dec 17, 1928, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Arthur C Manning M. D.

Dec 17, 1928 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec 20 1928

UNDERTAKER H. J. Tucker & Co

ADDRESS N. Pa

CAUSE OF DEATH TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40343

CERTIFICATE OF DEATH

129 E 40343

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 4-25 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Gatewood

(a) RESIDENCE NO. 630 Josephine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): unk

7 AGE: 38 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No history obtained 087

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Corlia? Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles City Co.

12 MAIDEN NAME OF MOTHER: Lucy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles City Co.

14 Informant: Records
(Address) BALTIMORE CITY HOSPITALS

15 Filed: DEC 18 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13-28

17 I HEREBY CERTIFY, That I attended deceased from 12-8, 1928, to 12-13, 1928, that I last saw her alive on 12-13, 1928 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

unknown — acute exacerbation 12 days
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial pneumonia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Laboratory & X Ray

(Signed) W. Wood M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemtry — DATE OF BURIAL: 12/14 1928

20 UNDERTAKER: Walter B. Sprigg — ADDRESS: 89 W. Hamburg st.

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40344 E 40344

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1161 N. Hamburg St. 21-24 WARD)

2-FULL NAME Cora B. Fisher

(a) RESIDENCE NO. 1161 N. Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Everett L. Fisher

6 DATE OF BIRTH (month, day, and year): Apr. 8. 1883

7 AGE: Years 45 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Indiana

PARENTS

10 NAME OF FATHER: John King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Mary King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Everett L. Fisher

(Address) 1161 N. Hamburg st.

15 Filed DEC 18 1928 C. HARRISON JONES, M. D. Registrar

By

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 16, 1928, that I last saw her alive on Dec. 16, 1928, and that death occurred, on the date stated above, at 10 20 p m.

The CAUSE OF DEATH* was as follows:

Labor. Pneumonia

(duration) yrs. mos 4. ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Dorsey M. D.

, 19 (Address) 1211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 19, 1928

20 UNDERTAKER: Mrs Mary J. N. Teufel & Son. — ADDRESS: 801 W Fayette St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40345

CERTIFICATE OF DEATH.

31 E 40345

REGISTERED NO.

1-PLACE OF DEATH Pronounced Dead 3

City of BALTIMORE: (No. Balt City Hospital 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Robinson

(a) RESIDENCE NO. 406 Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennyer Robinson

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Wm Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ~~Foreign Jester~~

14 Informant

(Address) 406 Robinson

Filed DEC 18 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchial Pneumonia

Acute T.B (duration) yrs. mos. 4 ds.

(Signed) James M Hamilton M. D.

(Coroner)

12 14 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the state ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem 12/16 1928

20 UNDERTAKER Chas S Alexander ADDRESS 1406 Druid Hill Ave

tion should be carefully supplied. Any doubt as to OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40346

CERTIFICATE OF DEATH.

112 E 40346

1-PLACE OF DEATH

City of BALTIMORE: (No. 789 Sarah Ann St. 4th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Goodwin White

(a) RESIDENCE NO. 789 Sarah Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 31 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: James White

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Annie Mack

(Address): 789 Sarah Ann St

15 Filed DEC 18 1928 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16, 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.

(Coroner)

12/17, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 12/18 1928

20 UNDERTAKER: Chas Hahn R. Stillmans — ADDRESS: 522 N Schroeder St

tion should be carefully supplied. Any OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40347

CERTIFICATE OF DEATH.

44 E 40347

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST., 4-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Cook

(a) RESIDENCE NO. 662 West Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7 1867

7 AGE: Years 61 | Months 2 | Days 9. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Balto

PARENTS

10 NAME OF FATHER Timothy Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Gertrude Miller

(Address) 674 W Lexington

DEC 19 1928 G. HAMILTON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16 1928

17 I HEREBY CERTIFY, That I attended deceased from December 2, 1928, to December 16 1928, that I last saw her alive on December 16, 1928, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver with metastases.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12/11/28

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic examination

(Signed) Harry E. Stacy, Jr., M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: John J. Fields — ADDRESS: 1200 W Lombard

IMPORTANT: Write DEATH and CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40348

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 40348

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-49

CITY OF BALTIMORE: (No. 3908 N. Charles ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Effie Harris Thomas

(a) RESIDENCE NO. 3908 N. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Thomas

6 DATE OF BIRTH (month, day, and year): May 12, 1858

7 AGE — Years: 70 | Months: 7 | Days: 5 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: James H. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Rosenbergen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mr. Howell T. Thomas

(Address): 601 Somerset Road

15 Filed DEC 18 19 28

C. HANSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from December 11, 1928, to December 17, 1928, that I last saw her alive on December 17, 1928, and that death occurred, on the date stated above, at 2:20 a. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Right) - Dilatation of the heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? W. L. Barker

(Signed) A. H. A. Mayer, M. D.

M. D., 19 28 (Address) 2431 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy.

DATE OF BURIAL: Dec. 19, 19 28

20 UNDERTAKER: John M. Tebbs & Sons

ADDRESS: 1900 Eutaw Place

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 19798 E 40349 — × 129 — E 40349

REGISTERED NO.

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., 7-9 WARD)

2—FULL NAME Mary Thomas

(a) RESIDENCE NO. 2403 William St. ST., WARD Augusta - Ga -
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	8			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maine
(State or country)

PARENTS

10 NAME OF FATHER Winthrop Thomas

11 BIRTHPLACE OF FATHER (city or town) U-K
(State or country)

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) U-K
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____ 19 ____ Registrar ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Dec 17, 1928, that I last saw h[illegible] alive on Dec 17, 1928 and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis (secondary to bilateral ureteral stricture)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Augusta, Ga

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Cystoscopy & urinary findings

(Signed) H. C. Gordon, M. D.

Dec 17. 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wickford R. I. DATE OF BURIAL Dec 19 1928

20 UNDERTAKER (Signature) John O. Mitchell ADDRESS [illegible]

Important. See instructions on back of certificate.

2818336 HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40350

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 40350

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1042 Sharp St. St. 23-31 WARD)

2-FULL NAME Hamy Chase

(a) RESIDENCE NO. 1042 Sharp St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of annie Chase

6 DATE OF BIRTH (month, day, and year) Aug 14-1892

7 AGE — Years: 36 yrs — Months: 4 — Days: 2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Chase

(Address) 1042 Sharp St

15 Filed DEC 18 1928 HAMPSON JONES, M. D. Registrar

Per

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928, to Dec. 16, 1928, that I last saw h alive on Dec 16, 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute parenchymatous nephritis

CONTRIBUTORY (Secondary) (duration) Toxemia yrs. mos 15 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 7 ds.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory test

(Signed) Oscar B. LeCompte, M. D.

(Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middle River

DATE OF BURIAL Dec 18 1928

20 UNDERTAKER Wm. H. Chase & Son

ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40351

CERTIFICATE OF DEATH.

8-17 159-002 E 40351

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2033 W Lovell ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Elizabeth Gatton

(a) RESIDENCE NO. 2033 W Lovell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 16-28

7 AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Gatton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Europe

14 Informant (Address): Mary Gatton 2033 W Lovell St

15 Filed: DEC 18 1928 C. HINCKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 17, 1928, that I last saw her alive on Dec 16, 1928, and that death occurred, on the date stated above, at 6 50 A m.

The CAUSE OF DEATH* was as follows:

Bleu Baby

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) C. L. Levy, M. D.

12/17 19 (Address) 27a Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 18 1928

20 UNDERTAKER: for Joe Sodaro & Son ADDRESS: 2:78 P.

BEFORE WRITING, read carefully the instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40352

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3101 Fresbury ST. 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary LaRue Brown

(a) RESIDENCE NO. 3101 Fresbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. J. Brown

6 DATE OF BIRTH (month, day, and year): Sept. 27, 1839

7 AGE — Years: 89 | Months: 2 | Days: 19 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bucks Co. Pa.

PARENTS

10 NAME OF FATHER: Marmaduke LaRue

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Sarah King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bucks Co. Pa

14 Informant: Miss Bessie B. Brown

(Address) 3101 Fresbury St.

15 Filed DEC 18 1928 H. LAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1928, to Dec 16, 1928, that I last saw her alive on Dec 15, 1928 and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows:

Senility, arteria Sclerosis, ~~Mitral valvular~~ insufficiency

about 1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) H. E. Kupfer M. D.

12/16, 1928 (Address) 1025 Edmondson

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Dec 19 28

20 UNDERTAKER: Wm. Tuckner & Sons

ADDRESS: Norfolk Va

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40353

CERTIFICATE OF DEATH.

90 E 40353

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2510 Madison Ave St., 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Royal Jones.

(a) RESIDENCE NO. 2510 Madison Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 9, 1879

7 AGE: Years 49 Months 7 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER: James H. Jones

11 BIRTHPLACE OF FATHER (city or town): Frostburg

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Mary E. Johnson

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md.

14 Informant: Singleton Jones

(Address) 2510 Madison Ave

~~THOMPSON JONES, M. D.~~

15 Filed ..... 19 .....

Registrar

DEC 15 1925

tion should be carefully supplied. Any unusual or OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Goiter or Tumor

9 years

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

12/17 1925 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial dec 19 1925

20 UNDERTAKER: Theodore Wirth ADDRESS 1134 Park Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 40354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 40354

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4908 Hudson Ave ST. 5-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Agnes Kessler

(a) RESIDENCE. No. 4908 Hudson ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/7/1867

7 AGE Years 61 Months 3 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fredk Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Chesley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs H. K Lowry (Address) 4908 Hudson

15 Filed DEC 18 1928, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-16-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1928, to Dec-15, 1928, that I last saw her alive on Dec-15, 1928, and that death occurred, on the date stated above, at 10 30 P, m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines and peritoneum. (Secondary)

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) General Metastasis as obstruction, intestinal yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Microscopic

(Signed) Wesley Cole M. D.

(Address) 2702 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL Dec 18 1928

20 UNDERTAKER Joseph Syfan ADDRESS 1602 Wilmot

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each TION is very important. See instructions on back of certificates.

C 18 1928

Spec.—1-12-23—M&T—500 Bks.

E 40355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 40355

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 E 33d ST. (WARD) 12-50

2-FULL NAME Mary Katharine Stricker

(a) RESIDENCE NO. 317 E 33d ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced ~~HUSBAND~~ of or) ~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) April 16, 1902

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
26	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry H. Stricker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Henry Stricker

(Address) 421 Eastway

15 Received DEC 18 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1928, to Dec 16 1928, that I last saw h 4 alive on Dec 16 1928, and that death occurred, on the date stated above, at 6. P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Consumption two years duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Hilburn Bruce M. D.

12/17 1928 (Address) no 5. Clark Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: Joseph Lyda — ADDRESS: Ilchester Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40356

CERTIFICATE OF DEATH.

90 E 40356

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital, St., 9-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Hamilton

(a) RESIDENCE NO. 515 N Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Hamilton

6 DATE OF BIRTH (month, day, and year): unknown 1888

7 AGE: Years 43 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): common

(c) Name of employer

9 BIRTHPLACE (city or town): Salt City

(State or country)

PARENTS

10 NAME OF FATHER: Hamilton

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant .....

(Address) .....

Filed ..... 19.....

C. HAMPSON JONES, M. D.

Registrar

EC 181928

Pct 2054

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably alcoholism

(duration) unknown mos. ds.

(Signed) Geo M Hamilton M. D.

(Coroner)

12/7 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos. 3 ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? 515 N Paca

Former or usual residence 515 N Paca

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

Per Jno. E. Norvell

DEC 1 7 1928

tion should be carefully supplied. All items must be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40357

CERTIFICATE OF DEATH.

90 E 40357

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 730 N. Collington Ave St., 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johana Siebeneichel

(a) RESIDENCE NO. 730 N Collington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 47 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Siebeneichel

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Adamic

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

14 Informant Frank Siebeneichel
(Address) 730 N. Collington Ave

15 Filed DEC 18 1928, 19 HAMPTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 28 to Dec 16, 19 28
that I last saw her alive on Dec 16, 19 28
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH was as follows: Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) [illegible] M. D.
19 Address 800 N Broadway

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial Dec 19 1928

20 UNDERTAKER Frank Cracken — ADDRESS 1916 Eutaw

DEC 18 1928

Don't fail to be careful, complete and accurate in answering every question. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40358

CERTIFICATE OF DEATH.

89 E 40358

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) En route to University Hospital (Street) Ward

2-FULL NAME Harry E. Watson

(a) RESIDENCE NO. 1134 W. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Catherine Watson

6 DATE OF BIRTH (month, day, and year): Oct 2 1878

7 AGE — Years: 50 Months: 2 Days: 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm. H. Watson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Corcoran

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs. H. E. Watson

(Address): 1134 W. Mulberry

Filed DEC 18 1928 HAMPSON, Jr. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feldmann M. D.

(Coroner)

12/17, 1928 (Address) 2759 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: Dec. 19 1928

20 UNDERTAKER: Henry Hauck & Son ADDRESS: 1301 E Eager St

tion should be carefully supplied. All questions must be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65-901 V
E 40359

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Hillman ST., 9-18 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Gillooly

(a) RESIDENCE NO. 1323 Hillman ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 20, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Gillooly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna McEvoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Anna Gillooly

(Address) 1323 Hillman St

15 Filed Dec 19 1928 C. HANSON JONES M.D. Registrar

C 184928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Dec 16, 1928, that I last saw h alive on Dec 16, 1928, and that death occurred, on the date stated above, at 1 p m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

CONTRIBUTORY (Secondary) Do not know any (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood examinations

(Signed) Thos R. Geraghty, M. D.

12/17, 1928 (Address) 2525 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Dec. 19, 1928

20 UNDERTAKER Geo Weichsel ADDRESS Eastwood Pa

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 40360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40360

CERTIFICATE OF DEATH.

185

REGISTERED NO. 33

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florenz A. Fralinger Jr

(a) RESIDENCE NO. 212 E Montgomery St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Fralinger

6 DATE OF BIRTH (month, day, and year) Dec 24 62

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65 66	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Worker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swindell Co

9 BIRTHPLACE (city or town)

(State or country) New Jersey

PARENTS

10 NAME OF FATHER Florenz Fralinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) France

12 MAIDEN NAME OF MOTHER Catherine Lawler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Catherine Dudley

(Address) 2648 Guilford Ave

C 18 1928 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull & Subdural Hemorrhage

Fall on pavement accident

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. mos. 4 ds.

(Signed) James H Fenton M. D.

(Coroner)

12/18 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Persons Not Residents)

At place of death 10 yrs. mos. 10 ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? on Montgomery Charles

Former or usual residence 212 E Montgomery

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Dec 19 28

20 UNDERTAKER Fred A Wanseck ADDRESS 703 Hamilton

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 40361 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40361

CERTIFICATE OF DEATH. 155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. 25-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gumbicki

(a) RESIDENCE NO. 1614 Aisquith St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 19 28

7 AGE: Years 5 Months Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Stanislaw Gumbicki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Antonina Gardocki

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: A. Gumbicki (Address) 1614 Aisquith St

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 19 28, to Dec 17, 19 28, that I last saw h[illegible] alive on Dec. 17, 19 28, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis left humerus

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C. C. DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: F. W. Bzgowski ADDRESS: 1920 Eastern Ave

mation thereto be [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each

TION is very important. See instructions on back of certificates.

18 1928

E 40362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40362

CERTIFICATE OF DEATH.

Registered No. C 21-56

1-PLACE OF DEATH

City of BALTIMORE: (No. 5202 Elmer Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Russell S. Smith,

(Residence in Baltimore: No. 5202 Elmer Ave.,) (St.; yrs. 3) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed or Divorced. (Write the word.)
male	white	married

6-DATE OF BIRTH. March 12, 1903 (Month) (Day) (Year)

7-AGE. 25 yrs. 9 mos. 6 ds. If LESS than 1 day, hrs. or mlu.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railway

9-BIRTHPLACE. (State or Country.) Carroll Co., Maryland

PARENTS.

10-NAME OF FATHER. John W. Smith

11-BIRTHPLACE OF FATHER. (State or Country.) Maryland

12-MAIDEN NAME OF MOTHER. Ida Snyder

13-BIRTHPLACE OF MOTHER. (State or Country.) Maryland

I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie M. Smith,

(Address) 5202 Elmer Ave.,

15-

Filed 1 8 1928

C. HAMPSON JONES, M. D. Registrar.

Per RKS

State CAUSE OF DEATH in plain terms. Statement of contributory cause is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 18 192 8 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) and from other sources find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound
Through Heart
(Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner)

12/18 192 8 (Address) 3232 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death. yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount, Carroll Co. DATE OF BURIAL. Dec. 21, 19 28

20-UNDERTAKER. E. Leroy Stiffler ADDRESS 125 E. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40363 E 40363

CERTIFICATE OF DEATH.

188-103

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Nockenfuss.

(a) RESIDENCE NO. 111 Clayton Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Nockenfuss.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Bosman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant William Nockenfuss. (father)

(Address) 111 Clayton Court.

C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Struck and knocked down by auto truck
Occidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) (Coroner) M. D.

12/18 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Hanover St. between Heath & Randall

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial Dec 19 1928

20 UNDERTAKER John J. Bowman & Son ADDRESS 901 Shawan St.

don should be carefully supplied. Avoid abbreviations. Write plainly. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

C 18 1928 Reg

Spec.—1-10-21—M&T—1500 Bks.

E 40364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO. 185

CITY OF BALTIMORE: (No. Howard & Madison ST., 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louise Green

(a) RESIDENCE NO. 1905 Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Green

6 DATE OF BIRTH (month, day, and year) March 6, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gottlieb Engle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Margaret Diemer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hosp Record

15 Filed C. HAMPSON JONES, M. D. Registrar

Per Asst

C 18 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 18, 1928, that I last saw her alive on Dec 18, 1928, and that death occurred, on the date stated above, at 1 00 A.m.

The CAUSE OF DEATH* was as follows:

Fracture left Hip.

(Cover)

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 8 ds.

Was there disease contracted ? What is place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Reifschneider, M. D.

12/18 1928 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 20 1928

20 UNDERTAKER Dehl & Cook

ADDRESS 1003 West Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. DIRECTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louisa Polk,

(a) RESIDENCE NO. Church Home & Infirmary ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (Write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day, and year) March [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin H. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Henrietta Elliott Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Clark G Polk

(Address) Woodlawn Md.

15 Filed Dec 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from October 12, 1926, to December 17, 1928, that I last saw her alive on December 17, 1928 and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Cem

DATE OF BURIAL Dec. 19 1928

UNDERTAKER Easton Sons

ADDRESS Ellicott City

DEC 18 1928

CAUSE OF DEATH ... TION is very important See instructions on back of certificates.

E 40366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-01 E 40366

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1633 N. Bruce St. (Ward) 15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lou J. Blackwell

(a) RESIDENCE NO. 1633 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): March 19th 1927

7 AGE: Years: one; Months: 8; Days: 28; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

10 NAME OF FATHER: Geo Blackwell

11 BIRTHPLACE OF FATHER (City or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Pearl Johnson

13 BIRTHPLACE OF MOTHER (City or town): Maryland

(State or country)

PARENTS

14 Informant: Pearl Blackwell

(Address): 1633 N. Bruce

15 Filed: DEC 18 1928

C. HAMPSON JONES, M. D. Registrar

Ref.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Dec 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 ds.

(Significant conditions contributing to death but not related to the disease or condition causing death.)

(duration) yrs. mos. ds.

(Contributing) M. D.

(Address) North Ave & Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL (REMOVAL)

Date of Burial: Dec. 19 1928

19 UNDERTAKER: Easton Sons

ADDRESS: Elkwood Md

Exact statement of OCCUPA... should be carefully supplied. ... OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40367

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 90

CITY OF BALTIMORE: (No. [redacted] ST., 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Monroe

(a) RESIDENCE NO. 532 W. Hoffman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Irreconcilable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Addison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (BALTIMORE CITY HOSPITALS)

15 [redacted] C. HILTON JONES, M. D. Registrar

191928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-28

17 I HEREBY CERTIFY, That I attended deceased from 10-23, 1928, to 12-15, 1928

that I last saw h/M alive on 12-15, 1928

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Senility

Generalized Arteriosclerosis

Chronic Myocarditis

Duration (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John E. Moran M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or If Deaths From Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-19, 1928
20 UNDERTAKER	ADDRESS
Dan'l Eaton	916 Pa Ave

important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 1 001 E 40368

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Glendale Ave ST. 27-43 WARD

2-FULL NAME Baby Girl Eubert

(a) RESIDENCE NO. 3200 Glendale Ave. ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/17/28

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. E. Eubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Bertha Nichols

(Address) 3200 Glendale Ave.

15 Filed DEC 19 1928 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928, to Dec. 17, 1928, that I last saw h[illegible] alive on Dec. 17, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth — about 4½ - 5 months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) O. M. Bacon M. D.

12/15 19 28 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nichols private Cem. DATE OF BURIAL Dec 18 1928

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

C 191928

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 40369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 40369

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 A Layson St 20-28 Ward

2-FULL NAME Hannah Goldrosen

(a) RESIDENCE NO. 426 A Layson St.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Henry Goldrosen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Louis Goldrosen

(Address) 2021 Fremont Ave

15 Filed ....., 19—(A. M. or P. M.) ....., M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 18, 1928,

that I last saw h[illegible] alive on Dec 18, 1928,

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris,

Coronary Thrombosis

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. ....mos. ....ds.

IS Where was disease contracted at home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What best confirmed diagnosis?

(Signed) Joseph Gichner, M. D.

Dec 18 1928 (Address) 320 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mooring Rd Date of Burial 12/19 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 1 1928

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40370

CERTIFICATE OF DEATH

X 161-001

E 40370

1—PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dugan ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Gaskins

(a) RESIDENCE NO. Patapsco Park Box 215 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Sept 8, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Patapsco Park Box 215 Md.

PARENTS

10 NAME OF FATHER James Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va. (Culpeper)

12 MAIDEN NAME OF MOTHER Lola Ines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. (Anne Arundel County)

14 Informant Lola (James Gaskins

(Address) Patapsco Park Md Box 215

15 Filed DEC 19 1928 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 16, 1928

that I last saw h[illegible] alive on Dec 16, 1928

and that death occurred, on the date stated above, at 10:15 p m.

The CAUSE OF DEATH* was as follows:

Immaturity

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B Hanes M. D.

Dec 17, 1928 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Provident Hospital

DATE OF BURIAL Dec 19 1928

UNDERTAKER

ADDRESS Division St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40371

CERTIFICATE OF DEATH

90

E 40371

1—PLACE OF DEATH

REGISTERED NO. 12-56

CITY OF BALTIMORE: (No.) 3121 Barclay ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Carpenter

(a) RESIDENCE NO. 3121 Barclay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) June 2, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Carpenter

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mollie May

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

14 Informant Mollie Carpenter

(Address) 3121 Barclay st.

DEC 19 1928

Filed ..... WILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-28

17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1928 19..., to Dec 16 19 28

that I last saw h... alive on Dec 16, 19 28

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

Duration Known since Nov 17 1928 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Do not Known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W K Ferrell, M. D.

Dec. 19 28 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	12-19-28
20 UNDERTAKER	ADDRESS
Wm. P. C. Elliott	1725 Eastlander

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135 E 40372

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 4-4 Ward

2-FULL NAME Dr. William C. Burns

(a) RESIDENCE NO. 2017 E. 32nd Stuart St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Burns

6 DATE OF BIRTH (month, day, and year) Oct. 5 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) O&H

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shreveport La.

PARENTS

10 NAME OF FATHER Alva Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) La.

12 MAIDEN NAME OF MOTHER Mary Jane Platt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La.

14 Informant Carrie L. Burns

(Address) 2017 E. 32nd St

15 DEC 19 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18 1928

17

I HEREBY CERTIFY, That I attended deceased from December 17, 1928, to December 18, 1928, that I last saw him alive on December 18, 1928, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows

Acute urinary retention - uremia - cardiac dilatation.

CONTRIBUTORY (Secondary) Prostatic hypertrophy (duration) yrs mos 2 ds.?

(duration) yrs ? mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry E. Stacy, Jr. M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Dec 21 1928

20 UNDERTAKER C. E. Evans & Wilkens Ave ADDRESS

matter should be entered on both sides of the CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40373

CERTIFICATE OF DEATH

86 E 40373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette St. 15-68 WARD)

2-FULL NAME Mrs Ruth Glenn

(a) RESIDENCE NO. 1723 Bentalou ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Glenn

6 DATE OF BIRTH (month, day, and year): May 3 1863

7 AGE — Years: 64 Months: 7 Days: 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Elisha V. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Georgia Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Jas. T. Morris

(Address): White Hall Md

15 DEC 19 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16 1928 to Dec. 19 1928, that I last saw her alive on Dec. 18 1928, and that death occurred, on the date stated above, at 8-30P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr. Victor Goldberg, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vernon M. E. Cemetery

DATE OF BURIAL: Dec 20 1928

20 UNDERTAKER: P. Madeline & Son

ADDRESS: White Hall, Md

mation should be carefully written in ink. CAUSE OF DEATH in plain terms, so that it may be properly classified. PART I must be filled in. CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 40374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 40374

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1516 gn Stricker ST. 5-21 WARD

2-FULL NAME Chas. W. Price

(a) RESIDENCE. No. 1516 Stricker ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Price

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 37 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary's Co Md

PARENTS

10 NAME OF FATHER: Milford Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co Md.

12 MAIDEN NAME OF MOTHER: Georgia Sunkenville

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Co. Md.

14 Informant (Address): Mary Price 1516 Stricker St

15 Filed DEC 10 1928 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11-1928 to 12-18-1928 that I last saw h[illegible] alive un 12-18-1928 and that death occurred, on the date stated above, at 10 am

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Specific Rheumatism 7

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C M Boykin M. D.

19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peter's Cemetery — DATE OF BURIAL: Dec-20 1928

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 N. Carey

Spec.—2-29-28—L. F. S.—500 Bks.

Loretta Armstrong

HEALTH DEPARTMENT—CITY OF BALTIMORE

40375

CERTIFICATE OF DEATH

90 ✓ E 40375

1—PLACE OF DEATH Provident Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No.) 15 14 Druid Hill Ave (ST.) 13-59 (WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Loretta Armstrong

(a) RESIDENCE NO. 2222 Madison Ave — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Armstrong

6 DATE OF BIRTH (month, day, and year): 1888?

7 AGE — Years: 40 (c) — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Mrs Barton Jacobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Edward Thomas Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Belle Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: John Armstrong

(Address): 2222 Madison ave

15 Filed: DEC 19 1928 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 17, 19, that I last saw her alive on Dec 17, 1928, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B Harris, M. D.

Dec 17, 1928 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hampton Wash D.C. — DATE OF BURIAL: Dec 19 1928

20 UNDERTAKER: Samuel Schmucker — ADDRESS: 578 N Bidd

IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40376

REGISTERED NO. 179 E 40376

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hosp. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Williams

(a) RESIDENCE NO. 1545 N. Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed, or Divorced. (write the word) Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) 1926

7 AGE Years 2 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Luther Williams

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Luther Williams

(Address) 1545 N. Bruce St

15 Filed ..... 19 ..... H. [illegible] Jones M. D. Registrar

By .....

C 191928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3rd degree burns over body.

(CONTRIBUTORY) Burns (duration ..... yrs. ..... mos. one) (Playing with Matches caught fire)

(duration ..... yrs. ..... mos. ..... ds.)

(Signed) F B Lusk M. D.

(Coroner)

Dec 18 1928 (Address) North Ave & Divine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

1545 N. Bruce St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 12/19 1928

20 UNDERTAKER Dennis Hennessy ADDRESS Balto

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40377 E 40377

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 5005 Catalpha Rd ST. 37 Hamilton WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary S. Richardson

(a) RESIDENCE NO. 5005 Catalpha Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard S. Richardson

6 DATE OF BIRTH (month, day, and year) Jan. 2nd 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Edinburg (State or country) Virginia

PARENTS

10 NAME OF FATHER Isaac Miley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Hottel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Ford

(Address) 5005 Catalpha Road

15 Filed DEC 19 1928. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17th/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928 to Dec 17, 1928

that I last saw h[illegible] alive on Dec 17, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Seconds yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Chronic Nephritis (duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. A. Richardson M. D.

Dec 18, 1928 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec. 20 1928
20 UNDERTAKER	ADDRESS
Fredk. Lassahn & Sons	Fullerton

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40378

CERTIFICATE OF DEATH

90 E 40378

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5202 Hampsett Rd ST.) (WARD) 42 Dist

2—FULL NAME Pauline C. Huber.

(a) RESIDENCE NO. 5202 Hampsett Rd ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Frederick J. Huber

6 DATE OF BIRTH (month, day, and year): Nov 26 1845

7 AGE: Years 83 | Months | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Jung.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Pauline Jung.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Charles Huber.
(Address) 5202 Hampsett Road

15 Filed DEC 19 1928 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from July - 2nd, 1928, to Dec 16, 1928

that I last saw her alive on Dec 16, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Chas L Smith, M. D.

12/17 1928 (Address) 4702 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 19. 1928
20 UNDERTAKER	ADDRESS
Geo. A. Pabst	1735 Harford

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40379

188-103

E 40379

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hosp St. 1019 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred J. Jacob

(a) RESIDENCE NO. 125 S Calhoun Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 6 1922

7 AGE — Years: 6 Months: 8 Days: 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry G. Jacob

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna C. Hafer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Dr. Henry G. Jacob

(Address): 125 S Calhoun Road

15 Filed DEC 19 1928 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of lungs and fractured ribs

Run over by automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. [illegible] M. D.

(Coroner) S. W. [illegible] 2nd

12/18 1928 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial: Dec 19 1928

20 UNDERTAKER: Charles J. Schwab ADDRESS: 505 N. Monroe St.

DEC 19 1928

tion should be carefully supplied.
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40380

CERTIFICATE OF DEATH

57

E 40380

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST. K-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME [illegible], Mrs. Fredericka Avig

(a) RESIDENCE NO. 113 S. Caton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Married

6 DATE OF BIRTH (month, day, and year) June 1st 66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	16	

7a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Avig

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Mathew Brigd ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant [illegible] (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 19 1928 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-28

17 I HEREBY CERTIFY, That I attended deceased from 11-30, 19 28, to 12-17, 19 28, that I last saw h[illegible] alive on 12-17, 19 28 and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Diabetic gangrene, L. Leg.

(duration) over yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-17-28

Was there an autopsy?

What test confirmed diagnosis? Blood Sugar Analysis

(Signed) W. H. Fleck M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 12/20 19 28

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40381

CERTIFICATE OF DEATH

129 E 40381

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1815 W. Mulberry ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Jeanette Ware

(a) RESIDENCE NO. 1815 W. Mulberry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry W. Ware

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Hynes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Miss Martha Emma Ware
(Address) 1815 W. Mulberry St.

15 Filed DEC 19 1928 HARRISON JONES M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1928, to Dec 18, 1928, that I last saw her alive on Dec 17, 1928 and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Pancreatic cirrhosis
Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

17/18 (Signed) Brevard S. Francis M. D.

1928 (Address) 1707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 20 1928

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40382

CERTIFICATE OF DEATH

11-002

E 40382

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 811 Spedden ST. 16-68 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Audrey Engler

(a) RESIDENCE NO. 811 Spedden ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16, 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter E. Engler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie V. Ensor

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Lillie V. Engler
(Address) 811 Spedden St.

15 Filed DEC 19 1928 HAMILTON JONES, M. D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Dec 18, 1928, that I last saw her alive on Dec 18, 1928, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mac Neill, M. D.

Dec 18, 1928 (Address) 108 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec. 21 1928

20 UNDERTAKER Joseph D. Cook

ADDRESS 1003 West Baltimore St.

IMPORTANT. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40383

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Potomac st ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes. Pietrowicz

(a) RESIDENCE NO. 611 S. Potomac st ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Joseph Pietrowicz

6 DATE OF BIRTH (month, day, and year): June 12-1890

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

PARENTS

10 NAME OF FATHER: Michael Kuntz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Josepa Kobylinska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Joseph. James. Pietrowicz

(Address) 611 S Potomac st

19 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 19 28, to Dec. 17, 19 28, that I last saw h alive on Dec. 17, 19 28 and that death occurred, on the date stated above, at 10:45 a. m.

The CAUSE OF DEATH* was as follows:

Convulsions

Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edward Rumbold, M. D.

12/18, 19 28 (Address) 75 E Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cemetery — DATE OF BURIAL: Dec 20 1928

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S. Ann st.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40384

CERTIFICATE OF DEATH

47 E 40384

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Eden ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Hollis

(a) RESIDENCE NO. 605 N. Eden ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hollis

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	35	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Henson

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Iddet

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Alberta Hollis

(Address) 605 N. Eden st.

15 Filed ....., 19.... S. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 17, 1928, that I last saw h. alive on Dec 14, 1928, and that death occurred, on the date stated above, at 3 16 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. H. Yandell, M. D.

12/17, 1928 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	12/19/28
20 UNDERTAKER Wm. H. W. Elliott	ADDRESS 1725 Eastland

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 40385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 40385

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Gilmor ST. 16-22 WARD)

2-FULL NAME Jane Allen

(a) RESIDENCE NO. 1229 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem'l	Colored	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Boston Allen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown Dec'd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Boston Allen

(Address) 1229 Gilmor

15 Filed DEC 19 1928 C. HAMPSON JONES, M. D., Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 16, 1928, that I last saw h[illegible] alive on Dec 16, 1928 and that death occurred, on the date stated above, at 9.30 a m

The CAUSE OF DEATH* was as follows:

Septic & Pneumonia

Dextrocardia

(duration) — yrs. 9 mos. 1 ds.

CONTRIBUTORY (Secondary) Gangrene of left foot (duration) 1 yrs. 9 mos. 1 ds.

18 Where was disease contracted if not at place of death? 1329 N. Monroe St

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Charles E. Clark M. D.

Dec 19 1928 (Address) 3914 Pedlow Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cemetery

DATE OF BURIAL Dec 19 1928

20 UNDERTAKER Silas H Alexander

ADDRESS Pulaski Hwy & Willow

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40386

100-001

E 40386

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 1014 WARD)

2—FULL NAME Bollman, Fred

(a) RESIDENCE NO. 1208 ? Eden ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Bollman

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day,— hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? Germany

PARENTS

10 NAME OF FATHER Ambrose Bollman

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Germany

14 Informant (Address)

Filed DEC 10 1928 WILLIAM F. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-28

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1928, to 12-17, 1928

that I last saw him alive on 12-17, 1928

and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia with multiple lung abscess formation

(duration) yrs. — mos. 18 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis over

(duration) yrs. 18 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. M. Wech M. D.

, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	12/19 1928
20 UNDERTAKER	ADDRESS
Robert Brookerson	Calhoun & Wilkins

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 40387

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Randall St. 23-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis R. Dudley

(a) RESIDENCE NO. 110 W. Randall ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, (State or country) Md.

PARENTS

10 NAME OF FATHER Robert H. Dudley

11 BIRTHPLACE OF FATHER (city or town) Balto, Md
(State or country)

12 MAIDEN NAME OF MOTHER Helen C. Maguire

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Robert H. Dudley
(Address) 110 W. Randall St.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 18, 1928 that I last saw h alive on Dec 18, 1928 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia
(Primary)
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Lampkin M. D.

12/18, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore cty.	12/20 1928
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1422 Light St.

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002 ✓ E 40388

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rhodes, Margaret

(a) RESIDENCE NO. 1253 Light ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Isaac Rudy

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? ?

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ?

14 Informant (Address)

15 Filed DEC 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-28

17 I HEREBY CERTIFY, That I attended deceased from 11-23, 1928, to 12-17, 1928, that I last saw h[er] alive on 12-17, 1928, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) W. M. Slack M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va. " DATE OF BURIAL 12/20 1928

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light st.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40389

CERTIFICATE OF DEATH

129 ✓

REGISTERED NO. E 40389

1—PLACE OF DEATH 705 Reservoir st

CITY OF BALTIMORE: (No. 13-59 ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis B. Sprengel

(a) RESIDENCE NO. 705 Reservoir ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	- Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. Louise Sprengel

6 DATE OF BIRTH (month, day, and year) Mch 20th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Clothing Trimmings

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas. Wm. Sprengel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorthea Strobach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E. Louise Sprengel

(Address) 705 Reservoir st

15 Filed DEC 13 1928 LANDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st 1927, to Dec 18th 1928.

that I last saw him alive on Dec 17th 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's disease

(duration) yrs. 14 mos. 17 ds.

CONTRIBUTORY (Secondary) Obstruction Heart failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas H Burkert M. D.

Dec 19 1928 (Address) 2406 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 20 1928

UNDERTAKER George J Smith — ADDRESS 1532 Hollins

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 40390
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED E 40390

(If death occurred In a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 642 McKewin Ave St. 9-47 Ward)

2-FULL NAME Elizabeth M. Miller

(a) RESIDENCE NO. 642 McKewin Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Miller

6 DATE OF BIRTH (month, day, and year) May 22/1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Hicks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Eblein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry Miller

(Address) 642 McKewin Ave

15 Filed ..... C. H. [illegible] M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension- Arterio-sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

12-18/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial Dec 20 '28

20 UNDERTAKER Fred A. Kirkwood Sr. ADDRESS 703 Hanover

EC 191928

tion should be carefully examined, answered in full and the data given must conform to the best knowledge and belief of the informant. Every question must be answered or the certificate will be returned. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40391 — CERTIFICATE OF DEATH — 38 — E 40391

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 1 Shorb ST.) 23-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Ringgold

(a) RESIDENCE NO. 1007 (Usual place of abode) 1 Shorb ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Ringgold

6 DATE OF BIRTH (month, day, and year) — 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private home

(c) Name of employer Housework

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas H. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) B. C. ?

12 MAIDEN NAME OF MOTHER Annie Horman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edw. Ringgold

(Address) 1007 Shorb St

15 Filed DEC 19 1928 G. HAMPSON JONES, M. D. Registrar By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/28

17 I HEREBY CERTIFY, That I attended deceased from 12/7/28, 19..., to 12/17/28, 19...

that I last saw h... alive on 12/15/28, 19...

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Pressure, Cardiac) Chronic (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & microscopical

(Signed) Geo Comley, M. D.

12/17/28, 19... (Address) 905 Shorb St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Dec 20 1928
20 UNDERTAKER	ADDRESS
R L Parham	829 Bercan

C 19 1928

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-007 E 40392

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Maryland ST. 17-5 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary J. McKay

(a) RESIDENCE NO. 2642 Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. — How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wife

6 DATE OF BIRTH (month, day, and year): May 9th 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): " " 037

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Switzerland to Indiana

PARENTS

10 NAME OF FATHER: Christian Wiseman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Miss Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Frances A Wallis

(Address) 2642 Maryland Ave.

DEC 19 1928 C. HERBERT JONES, M. D.

Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 19, 1928, that I last saw h[illegible] alive on Dec. 18, 1928, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Senility

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Brown M. Stone M. D.

12/19, 1928 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greensburg Ind	12/19, 1928
20 UNDERTAKER: Wiseman Cook	ADDRESS: 1217 St Paul

important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40393

E 40393

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: No. 1023 N. 37 St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M. Mills

(a) RESIDENCE NO. 1023 N. 37 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~or WIFE of~~ Ida E. Mills

6 DATE OF BIRTH (month, day, and year) Mar. 11 - 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	65	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watch man

(b) General nature of industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Thomas A Mills

11 BIRTHPLACE OF FATHER (city or town) Balto Co.

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Collins

13 BIRTHPLACE OF MOTHER (city or town) Balto Co.

(State or country)

14 Informant Mrs Ida E. Mills

(Address) 1023 N. 37 St

15 Filed ..... 19.. H. M. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1 hour

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

Dec 18, 19 27 (Address) 132 Reliance Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Dec 20 192 7

20 UNDERTAKER R S Marshall ADDRESS 2509 Falls Rd

FC 191923

don should be carefully supplied. All answers must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 40394

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4702 Falls Rd (ST.) 27-51 (WARD)

2-FULL NAME Elsie Addison Giter

(a) RESIDENCE No. 4702 Falls Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Artie Giter

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 35 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balty Co.

PARENTS

10 NAME OF FATHER: J Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co

14 Informant: Mary Boyer

(Address): 2402 Ell Rd

15 Filed DEC 19 1928, 19 HAMPTON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1928, to Dec 14, 1928, that I last saw her alive on Dec 14, 1928, and that death occurred, on the date stated above, at 8 30 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess

T.B.

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W H Lesser, M. D.

, 19 (Address) 727 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 21 1928

20 UNDERTAKER: H S Marshall — ADDRESS: 3539 Ell Rd

CAUSE OF DEATH to be given in plain terms. See instructions on back of certificates. TION is very important

DEC 19 1928

Spec.—1-12-23—M&T—500 Bks.

E 40395 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40395

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 625 N Fayette St., 19-27 WARD)

2-FULL NAME Martha C Vermillion

(a) RESIDENCE No. 1625 N Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE Years 82 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md - Burton

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Vermillion

(Address) Parkville

15 Filed 19 C. HAMPSON JONES, M. D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15th, 19 28, to Dec 18, 19 28,

that I last saw h[illegible] alive on Dec 18, 19 28

and that death occurred, on the date stated above, at 4 30 p m

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)

(Broncho)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis, Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) Joseph Goldman, M. D.

Dec 19 28 (Address) 350 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Dec 20 28

20 UNDERTAKER A B Marshall ADDRESS 3539 Fall Rd

CAUSE OF DEATH in plain terms. See instructions on back of certificates. TION is very important

C 191928

Spec.—1-12-23—M&T—500 Blks.

E 40396

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-E 40396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. 8-17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sharper

(a) RESIDENCE No. 2607 Feyock Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Black
5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Jockey Sharper
11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)
12 MAIDEN NAME OF MOTHER Idella Miller
13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant
(Address) Johns Hopkins Hospital

15 Filed DEC 19 1928 C. HAMPSON JONES, M. D.
19 Per 3058 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-16, 1928, that I last saw ~~he was~~ alive on 12-16, 1928, and that death occurred, on the date stated above, at 8.00 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible], M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS
Commissioner Health.
By Am E McGrath
DEC 19 1928

CAUSE OF DEATH in plain ... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40397

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40397

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. (17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mable Warren

(a) RESIDENCE NO. 690 Mulberry st. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address) .....

15 Filed DEC 19 1928, 19 Per C. HAMPSON JONES, M. D. Registrar

3057

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 19 28, to Dec. 15, 19 28, that I last saw her alive on Dec. 15, 19 28, and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry C. Smith M. D.

12-15, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH must be given. See instructions on back of certificates.

DEC 19 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40398

CERTIFICATE OF DEATH.

197 E 40398

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital 22-30 Street)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Vanoorr

(a) RESIDENCE NO. 212 S Greene St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Vanoorr

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 30 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown 12/16

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

PARENTS

14 Informant

(Address)

15 Filed..... 19.....

C. HAMPSON JONES, M. D.

Registrar.

DEC 19 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 - 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot wound of abdomen - Homicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zellers M. D.

(Coroner)

12/16 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

212 S Greene St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

PUBLIC CEMETERY

20 UNDERTAKER — ADDRESS

Commissioner Health

DEC 19 1928

tion should be carefully supplied. Any omission or error in the CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40399

161-002E 40399

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 Brune St. 16-27 Ward)

2-FULL NAME Sydnett Fletcher

(a) RESIDENCE NO. 605 Brune St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not

6 DATE OF BIRTH (month, day, and year): Dec 7th 1928

7 AGE: Years — Months — Days 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Louis Fletcher

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Geo. Turner

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country): Md

14 Informant (Address): Louis Fletcher 605 Brune

19 C. HAMPSON JONES, M. D. Registrar

Dec 19 1928

CORONER'S CERTIFICATE

16 DATE OF DEATH (month, day and year): Dec 7th 1928

17 I HEREBY CERTIFY, That I [illegible] the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained [illegible] Autopsy and [illegible] find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Due to delivery

(duration) yrs. mos. ds.

(Signed) F. C. Finck M. D.

(Coroner) 19 (Address) 1011 Druid Park Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY — Date of Burial 19

20 UNDERTAKER — ADDRESS

Per

DEC 10 1928

Commissioner of Health

Morgue

Dec 19 1928

(tion should be carefully supplied. Any unusual or obscure terms used in stating the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Cor.—12-9-25—A Co.—200 Bks.

Helen Martin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40400

CERTIFICATE OF DEATH.

1721 E 40400

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Lt. Franklin Cathedral 4 [illegible] St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Martin

(a) RESIDENCE NO. 920 Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

C 19 1928 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull [illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

Date of Burial 12/20 1928

20 UNDERTAKER Robert Brooks & Son

ADDRESS Baltimore Md

tion should be carefully supplied. AGE should be accurately classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40401 E 40401

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1224 N Central Ave (ST.) (WARD) 40-14

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella. M. Harris

(a) RESIDENCE NO. 1224 N. Central Ave. (Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 DATE OF BIRTH (month, day, and year) Dec. 22nd 1874

7 AGE — Years: 53 — Months: 11 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Nanticoke Wicomico Co Md

PARENTS

10 NAME OF FATHER: James E. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Hyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. David C. Harris

(Address) 1224 N Central Ave.

15 Filed: 1 19 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 1928, to 12/19, 1928, that I last saw her alive on 12/19/28, 19, and that death occurred, on the date stated above, at 12.25 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) Paul Miller, M. D.

12/19 1928 (Address) 1520 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Evergreen No. 6 — DATE OF BURIAL: Dec 20 1928

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

important. See instructions on back of certificates.

C 191928

Spec.—2-29-28—L. F. S.—500 Bks.

E 40402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-09

E 40402

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 307 S Macon ST. 16-37 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Wilbur Ruggles

(a) RESIDENCE NO. 307 S Macon St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced BUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar 20 1928

7 AGE — Years: — Months: 8 Days: 23 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Calvin C Ruggles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ky

12 MAIDEN NAME OF MOTHER: Mae Van Hoose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ky

14 Informant: Calvin C Ruggles

(Address): 307 S Macon

15 Filed DEC 19 1928, 19 C. HAMPSON JONES, R.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 19, 1928, that I last saw him alive on Dec 19, 1928, and that death occurred, on the date stated above, at 7 40 a.m.

The CAUSE OF DEATH* was as follows:

a Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr R E Mueller, M. D.

12/19, 1928 (Address) 330 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lemay Ky

DATE OF BURIAL: Dec 20 1928

20 UNDERTAKER: John Ulmer

ADDRESS: 2008 Orleans

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Hks.

E 40403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40403

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Clinton St. WARD) 76-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Mascot

(a) RESIDENCE NO. 217 S. Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mascot

6 DATE OF BIRTH (month, day, and year) Feb 21, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Milford

(State or country) Delaware

PARENTS

10 NAME OF FATHER Samuel W. Lockland

11 BIRTHPLACE OF FATHER (city or town) Milford

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Susan M. Wood

13 BIRTHPLACE OF MOTHER (city or town) Milford

(State or country) Delaware

14 Informant Mr. Wm. Moore

(Address) 133 S. Robinson St

15 Filed 12/19, 1928 C. HAMPSON JONES, M. D. Registrar

C 191928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1927, to Dec 17, 1928

that I last saw her alive on Dec 17, 1928

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy 3rd attack

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) 1½ yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis?

(Signed) W. W. Wright, M. D.

12/19, 1928 (Address) 1014 S. Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Dec 20 1928

20 UNDERTAKER John Ullrich

ADDRESS 2028 Ellam.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40404

CERTIFICATE OF DEATH

9 E 40404

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2121 Moyer ST. 6-10 WARD)

2—FULL NAME Mary Chaney

(a) RESIDENCE NO. 2121 Moyer ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Joseph Chaney

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Anna Marsalek

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Philip Chaney
(Address) 2704 Ashland Ave

15 [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 18, 1928.

That I last saw him alive on Dec 18, 1928

and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. O. Glades M. D.

(Address) 143 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cemetery	Dec 19 28
20 UNDERTAKER	ADDRESS
M. H. Eichhorn Inc	31 S. Ann St

C 191928

Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 40405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40405

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1911 Fleet St. 2-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Rosenthal

(a) RESIDENCE NO. 1911 Fleet St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Rosenthal

6 DATE OF BIRTH (month, day, and year): July 30 1853

7 AGE: Years 75. Months 4 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of indnstry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Michael Astfeck

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known,

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Josephine Rosenthal

(Address) 1911 Fleet St.

15 Filed _____, 19 _____ CLAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 19 28 to Dec 18 19 28

that I last saw h.. alive on Dec 17 19 28

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) _____ yrs. _____ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wilbur G. Sears M. D.

Dec. 19 28 (Address) 801 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 20 19 28.

20 UNDERTAKER: Wendell J. Hyppel — ADDRESS: 300 E. Eden St.

tion should be carefully supplied. Any unnecessary matter should be omitted. OCCUPATION. Exact statement of OCCUPATION OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 40406

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospls.

CITY OF BALTIMORE: (No.) Balto Md. ST. 1420 (WARD)

2-FULL NAME Mattie Bethel

(a) RESIDENCE No. 534 Robert St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Blk

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Cook

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): N Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hospls Balto Md.

15 [illegible] C. HAMPTON JONES, M. D. Registrar

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15-1928

17

I HEREBY CERTIFY, That I attended deceased from 12-5, 1928, to 12-15, 1928

that I last saw her alive on 12-17, 1928

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/ Somatic Disease Syphilis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Goldwater M. D.

12/16, 1928 (Address) Returns City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

DATE OF BURIAL: Dec 21 1928

20 UNDERTAKER: Leard Wheeler

ADDRESS: 698 pierce St

Spec.—2-29-28—L. F. S.—500 Blks.

E 40407 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-001 E 40407

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 15-21 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Coatney, Eliza or (Pitts)

(a) RESIDENCE NO. 1414 Parrish St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): ?

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year): 1893

7 AGE: Years 35 | Months — | Days — | If LESS than 1 day, — hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): — 089

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): ? Md.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ?

14 Informant BALTIMORE CITY HOSPITALS
(Address)

15 Filed DEC 20 1928 E. LAWTON JONES, M. D. Registrar

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-18 28

17 I HEREBY CERTIFY, That I attended deceased from 12-3 . 1928 . to 12-18 . 1928.

that I last saw h[illegible] alive on 12-18 . 1928

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Infarction, Right

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) P. M. Slack, M. D.

. 19 BALTIMORE CITY HOSPITALS (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12-20 1928

20 UNDERTAKER: Henry Eggers — ADDRESS 916 Pennsylvania

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40408

CERTIFICATE OF DEATH.

160 E 40408

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 Dolphin St 11-24 Ward)

2-FULL NAME Ernest Jurden

(a) RESIDENCE NO. 233 Dolphin St 11-24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29-1928

7 AGE Years Months Days 19 IF LESS than 1 day ..... hrs. or ..... min.

3 mnths

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Parker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md.

12 MAIDEN NAME OF MOTHER Pamelia Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Pamelia Jurden

(Address) 233 Dolphin St

15 Filed DEC 20 1928 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) since birth

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed H. Lewis M. D.

(Address) 1011 Dolphin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 12-20 1928

20 UNDERTAKER David Easton ADDRESS 916 Gay

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 / E 40409

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 222 N Amity ST. 18-N (WARD)

2—FULL NAME Jack Douglass

(a) RESIDENCE NO. 222 N. Amity ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col.	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dad Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dad Known

12 MAIDEN NAME OF MOTHER Mom Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mom Known

14 Informant Albert Copeland

(Address) 215 N. Amity

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 19 28, to Dec 17 19 28

that I last saw h alive on Dec 17 19 28

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

Dec 19 28 (Address) 939 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-20 19 28

20 UNDERTAKER Harris Foster

ADDRESS 976 Da ue

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Grumpler 519 Second St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40410

CERTIFICATE OF DEATH

1 4

E 40410

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1813 Wilkens Ave ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie F. Voigt

(a) RESIDENCE NO. 1813 Wilkins Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur Voigt

6 DATE OF BIRTH (month, day, and year): Nov. 24. 1848

7 AGE: Years 80 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Bessie E Faust

(Address): 1813 Wilkins Ave

15 Filed DEC 20 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to Dec 17, 1928, that I last saw h alive on Dec 16, 1928 and that death occurred, on the date stated above, at 11 20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [signature], M. D.

Dec 19 1928 (Address) 519 Second St

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 12 22 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Pond St

important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40411

CERTIFICATE OF DEATH.

90 E 40411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2660 Harlem Ave St. 1668 Ward)

2-FULL NAME Emma C Hoffman

(a) RESIDENCE NO. 2660 Harlem Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick B. Hoffman.

6 DATE OF BIRTH (month, day, and year) May 13-1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Benjamin A. Stine

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Adaline Abby.

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Virginia

14 Informant Beulah Hoffman

(Address) 2660 Harlem Ave.

15 FILED C. HARRISON JONES, M. D. Registrar

Per

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1928

17

I HEREBY CERTIFY, That I attended deceased from December 11 1928, to December 18, 1928, that I last saw her alive on December 18, 1928, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Chester Ruland, M. D.

12-19 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ REMOVAL Loudon Park — Date of Burial 19

20 UNDERTAKER Geo H Little — ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY in every case. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 40412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40412

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Albion Hotel

CITY OF BALTIMORE: (No. 900 Cathedral St. 11-24 WARD)

2-FULL NAME Mary Howard McKim

(a) RESIDENCE No. 900 Cathedral St. (Albion Hotel) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Sterett McKim

6 DATE OF BIRTH (month, day, and year) May 2 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Wesley T. Tucker

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md. (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Trumbo

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md. (State or country)

14 Informant J. Sterett McKim

(Address) Albion Hotel, Baltimore

15 C. HAMILTON JONES, M. D. Registrar

DEC 26 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1928, to Dec 18th, 1928, that I last saw h alive on Dec 18th, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis?
Myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C B Hamilton, M. D.

, 19 (Address) 24 N Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem.	Dec 1928
20 UNDERTAKER Henry H. Tipken & Sons	ADDRESS Mt. Vernon Pl.

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40413

CERTIFICATE OF DEATH.

1927

REGISTERED NO. E 40413

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 W. Conway St. 77-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flossie Wright

(a) RESIDENCE NO. 603 W. Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 36; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER George Meredith

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER Victoria Watts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Elizabeth Watts

(Address): 1033 Edmondson Ave

C 20 1928 19 CHARLTON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxia due to strangulation. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feldman M. D.

(Coroner)

12/18 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12/21 1928

20 UNDERTAKER: Chas. H. Glenn ADDRESS 446 N. Carlton

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS if under one year. OCCUPATION should indicate the trade, profession or particular kind of work, whether employer, employee or self-employed, and the general nature of the industry, business or establishment in which employed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40414

CERTIFICATE OF DEATH.

E 40414

92

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3432 Edmondson Ave. (ST.) 46-20 (WARD)

2-FULL NAME Ida L Boone

(a) RESIDENCE No. 3432 Edmondson Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Boone

6 DATE OF BIRTH (month, day, and year) Feb 3 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert Barner

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S

12 MAIDEN NAME OF MOTHER Agnes Ramsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S

14 Informant Mrs. Fuller

(Address) 3432 Edmondson Ave

15 EC 201928 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec - 14, 1928, to Dec - 19, 1928,

that I last saw he alive on Dec - 18, 1928,

and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

Arteriosclerosis. Senile

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. Wesley Gale, M. D.

12/19, 1928 (Address) 2202 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec 21 1928

20 UNDERTAKER H. Allen Fuller

ADDRESS 370 Cathedral

mation should be carefully supplied. Exact statement of occupa-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 40415 HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 40415

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 Harlem ave 16-22 Ward)

2-FULL NAME George upshur Dennis

(a) RESIDENCE NO. 1620 Harlem ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: col.

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Dennis

6 DATE OF BIRTH (month, day, and year): June 22 1869

7 AGE: Years 57 Months 6 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Margaret Hall

(Address) 1620 Harlem ave

C. HAMPTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12 17 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928, to Dec 17, 1928, that I last saw him alive on Dec 16 1928, and that death occurred, on the date stated above, at 12.20 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gen. arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) C. Hampton Jones, M. D.

12/15 1928 (Address) 101 E. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem. Date of Burial 12-20 19 28

20 UNDERTAKER: Byron Knight ADDRESS 1218 McElderry

tion should be carefully supplied. Age should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EC 20 1928

Spec.—1-10-21—M&T—1500 Bks.

E 40416 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40416

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fabian Levin

(a) RESIDENCE NO. 2017 E. Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva Brauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Frank Levin

(Address)

15 Filed . 19 C. HARRISON JONES, M. D. Registrar

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/15, 1928, to 12/19, 1928,

that I last saw h[illegible] alive on 12/19, 1928,

and that death occurred, on the date stated above, at 11:00 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) A. A. Silver, M. D.

. 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lebur Mt Carmel	Dec 20 1928
20 UNDERTAKER D. S. Levinson Bro	ADDRESS 1117 E Balto. St

mation should be carefully supplied. Avoid use of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40417

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

101-001

E 40417

REGISTERED NO.

City of BALTIMORE: (No. 408 Myrtle Ave St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Moy

(a) RESIDENCE NO. 408 Myrtle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Chinese

5 Single, Married, Widowed, or Divorced. (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 59; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lunch Room

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): China

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Dong Kim

(Address): 28 Hilton Cemetery

15 Filed....., 19.... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feller M. D. (Coroner)

12/17, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

Date of Burial: 21 1928

UNDERTAKER: John A. Denny

ADDRESS: 75 Light St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION in OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 40418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40418

CERTIFICATE OF DEATH. 25-15-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4127 Highland Ave. ST. Brooklyn WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Schuster

(a) RESIDENCE NO. Solley, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 6 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Schuster

6 DATE OF BIRTH (month, day, and year) June 30, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	47	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Davison Chemical Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Karl A. Schuster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary M. Schuster (wife)

(Address) Solley, Md.

15 Filed DEC 29 1928 19 C. H. [illegible] JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 1928 to Dec 19 1928, that I last saw h[illegible] alive on 12/18/28 1928, and that death occurred, on the date stated above, at 2.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) [illegible] Dropsy

(duration) — yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Not

What test confirmed diagnosis? Clinical

(Signed) H. Huffington, M. D.

19 (Address) 1340 Dolphin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dec Cedar Hill Cemetery

DATE OF BURIAL Dec 21 1928

20 UNDERTAKER John P. Denny

ADDRESS 75 Eighth

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40419

CERTIFICATE OF DEATH

E 40419

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5314 Anglesea Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nate V. Conrad.

(a) RESIDENCE NO. 5314 Anglesea Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Charles Conrad.

6 DATE OF BIRTH (month, day, and year) Dec. 20 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Makinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER J. Carolin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Mabel C. Burson

(Address) 5314 Anglesea Ave.

15 Filed DEC 20 1928, 19 [illegible] JONES, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18. 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1920 to Dec. 18, 1928

that I last saw him alive on Dec. 15, 1928

and that death occurred, on the date stated above, at 5-P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Arterio Sclerosis, (duration) yrs. mos. ds.

(duration) 10 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marlin W. Shorb M. D.

12-19, 1928 (Address) 8064 Fullerton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 21 1928
20 UNDERTAKER	ADDRESS
Geo. F. Rutter	1735 Harford ave

important. See instructions on back of certificates.

DEC 20 1928

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 17-537 WARD)

REGISTERED NO. 40420

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma Babylon

(a) RESIDENCE NO. Reisterstown Rd & Glenn Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (~~write the~~ word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto MD

PARENTS

10 NAME OF FATHER Howard L. Babylon

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER Alice Steel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD

14 Informant Alice Babylon (Address) [illegible]

15 [illegible] JONES, M. D. Registrar

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Dec 19, 1928, that I last saw h[illegible] alive on Dec 17, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 1 mos 12 ds.?

CONTRIBUTORY (Secondary) Otitis media & mastoiditis

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 13, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy & clinical

(Signed) Luther C. Peter, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Mary's Cemetery — DATE OF BURIAL: Dec 20 1928

20 UNDERTAKER: Chenoweth & Son — ADDRESS: 2617 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40421 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40421

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Hanover ST., 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E. Depp

(a) RESIDENCE NO. 1841 Hanover ST., 23 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb 24 1925

7 AGE: Years 3 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(r) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Virgin Depp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Wm Graham

(Address) 1841 Hanover

15 Filed DEC 20 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Dec 20, 1928, that I last saw h alive on Dec 20, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatism

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. S. L. Campbell M. D.

Dec 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spare.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 12/22 1928

20 UNDERTAKER: Edward Joulson — ADDRESS: 1357 Wash

IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40422

CERTIFICATE OF DEATH.

185 E 40422

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. McMahon

(a) RESIDENCE NO. 1104 Ashburton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel McMahon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Maggie Kirk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant James Staub

(Address) 1104 Ashburton St.

15 Filed....., 19..... Registrar

DEC 20 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar Tabb, M. D.

(Coroner)

12/19/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

200 N. Pearl St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Lorraine Cemetery — 12/20/28 19

20 UNDERTAKER — ADDRESS

Harry H. Coltyhe 153 Madison St.

C. HAMILTON JONES, M. D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Imbroglio

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40423

CERTIFICATE OF DEATH.

101-001 E 40423

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 17-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Imbraguglio

(a) RESIDENCE NO. 615 W Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nunzia Imbraguglio

6 DATE OF BIRTH (month, day, and year) June 13, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor work

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Joseph Imbraguglio

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Cuino

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Nunzia Imbraguglio

(Address) 615 W Franklin St

DEC 20 1928

C. H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Fenton M. D.

(Coroner)

12/20 1928 (Address) 7007 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Balto City Hosp yrs. mos. 14 days In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? X

Former or usual residence 615 W Franklin St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial 12/21 1928

20 UNDERTAKER George F Ruth ADDRESS 1735 Harford Ave

Reg.

N. B. All questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40424

CERTIFICATE OF DEATH

E 40424

1—PLACE OF DEATH

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 2311 Bryant ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Freiberg

(a) RESIDENCE NO. 2311 Bryant Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

a If married, widowed or divorced HUSBAND of (or) WIFE of: Leib Freiberg

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE — Years: 74 — Months: — — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): old age

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Antonow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Berkman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: David Freiberg

(Address): 2311 Bryant Ave

15 Filed DEC 20 1928, 19 — Registrar: HARTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1928, to Dec 19th, 1928, that I last saw h[illegible] alive on Dec 19th 1928 and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Exam X Ray

(Signed) J. J. Nurse M. D.

, 19 (Address) 2419 Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem

DATE OF BURIAL: 12/19 19 28

20 UNDERTAKER: Jack Levin

ADDRESS: 1439 E Balto St

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40425

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 913 Chauncey Ave ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julius F. Diehl

(a) RESIDENCE NO. 913 Chauncey Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Diehl

6 DATE OF BIRTH (month, day, and year) 6 4 -1878

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or.... min.
	50	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Diehl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Julius F Diehl Jr.

(Address) 913 Chauncey Ave

15 DATE RECEIVED 20 1928 BY C. Haury Jones M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1928 to 12-14 1928

that I last saw h alive on 12-13 1928

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Uremia.

CONTRIBUTORY (Secondary) Nephritis, Chr. Hypertension (duration) 1 yrs. 6 mos. ds.

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremia

(Signed) John C. Legge M. D.

. 19 (Address) N.E. Cor St Paul & 23rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12-21-28

20 UNDERTAKER Martin Fahey & Sons

ADDRESS Baltimore

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

John H. Riggin

E 40426 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 40426

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 West Lombard ST., 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. Riggin

(a) RESIDENCE NO. 908 West Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 23 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 25, 1872.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Sharp & Dohme.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John B. Riggin.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine McPhillips.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr Harry Riggin.

(Address) C. [illegible] Baltimore, Md.

15 Filed [illegible], 19 Registrar

C 20128

important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1928.

17 I HEREBY CERTIFY, That I attended deceased from 12/10/28 to 12/18/28, 19

that I last saw h— alive on 12/17/28, 19

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) about yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Tracy, M. D.

12/21/28 (Address) 410 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Dec 21, 19 28
20 UNDERTAKER Wm. J. Cowan & Son	ADDRESS 29 Collins St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40427

CERTIFICATE OF DEATH

54101-001

E 40427

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5717 Ridgedale St.) (Hospital) Washington WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Elfa Haskell

(a) RESIDENCE NO. 5717 Ridgedale Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: George C. Haskell

6 DATE OF BIRTH (month, day, and year): Apr. 5, 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: David Carson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Ann Hoggleson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. David A. Flynn

(Address) 5717 Ridgedale Rd

15 Filed DEC 20 1928 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1928, to Dec 19, 1928, that I last saw h[illegible] alive on Dec 18, 1928 and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mns. 3/ds

CONTRIBUTORY (Secondary) Toxemia & circulatory failure

(duration) yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) G Carroll Lockard M. D.

1928 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
London Park Cem.	Dec 21 1928
20 UNDERTAKER (Wm J Dickuer Sons)	ADDRESS Norfolk Va

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40428

E 40428

CERTIFICATE OF DEATH

49

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4106 Greenland Ave St. 28 Ward 63)

2—FULL NAME William F Snyder

(a) RESIDENCE NO. 4106 Greenland Ave St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 22 1853

7 AGE — Years: 75 — Months: 9 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 49

(b) General nature of industry, business, or establishment in which employed (or employer): Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Marcus Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anna Ortwine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Ed Yeborough

(Address) 4106 Greenland Ave

15 Filed DEC 20 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1928

17 I HEREBY CERTIFY, That I attended deceased (from Dec 18 19 28 to Dec 18 19 28)

that I last saw him alive on Dec 18 1928

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

Chronic Myocarditis

Contributory Senile Asthenia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs 15 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Hunt M D

(Address) 1729 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Dec 21 19 28

20 UNDERTAKER: Jno J Jackson Sons

ADDRESS: Baltimore

DEC 20 1928

OF DEATH is particularly important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40429

CERTIFICATE OF DEATH.

E 40429

1-PLACE OF DEATH

City of BALTIMORE: No. W. Balto Gen'l Hosp. St. 15-21 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche Elizabeth Glenn

(Residence in Baltimore: No. 1662 W. North Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-DATE OF BIRTH: June (Month) 21 (Day) 1876 (Year)

7-AGE: 52 yrs. 5 mos. 28 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): York Pa

PARENTS.

10-NAME OF FATHER: Henry Ballard

11-BIRTHPLACE OF FATHER, (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Susan Long

13-BIRTHPLACE OF MOTHER, (State or Country): Hanover Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James J. Glenn

(Address) 1662 W. North Ave

15-

DEC 20 1928 192 HAMPSON JONES, M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec (Month) 19 (Day) 192 8 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(Duration) yrs. Sudden

CONTRIBUTORY (Secondary) Fall out window

(Duration) Temporarily Insane ds.

(Signed) H. C. Long M. D.

(Coroner)

Dec 19 192 8 (Address) North Ave & Linden

*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

W. Balto Gen Hosp.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Dec 21 1928

20-UNDERTAKER: Wm J Pickerson Sons ADDRESS North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38 E 40430

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Small, Ella

(a) RESIDENCE NO. 1009 W. Cullob ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	?

.a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? S. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address)

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

DEC 20 1928 Per 3062

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-28

17 I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1925 to Dec 17, 1928 that I last saw her alive on 12-17, 1928 and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows: Syphilis

CONTRIBUTORY (Secondary) (duration) over 3 yrs. ? mos. ds. Gonorrheal Arthritis (duration) over 3 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Stuart Muse M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

BALTIMORE CITY HOSPITALS JOHNS HOPKINS HOSPITAL

Deputy Commissioner of Health DEC 20 1928

important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40431

CERTIFICATE OF DEATH.

38

E 40431

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1343 No. Gilmore St. 15-22 (Ward)

2-FULL NAME Baby Girl Davenport

(a) RESIDENCE NO. 1343 No. Gilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1928.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1 —	1 —	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ ✓

(b) General nature of Industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Conaway Davenport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tolly Virginia

12 MAIDEN NAME OF MOTHER Darnell Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Edgeville Virginia

14 Informant mother

(Address)

15 DEC 20 1928 19 Per C. HEMPSON JONES, M. D. Registrar 3063

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 19, 1928, that I last saw her alive on Dec 19, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity - (Congenital syphilis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Morey M. D.

19 (Address) 1516 Hendenson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

DEC 20 1928

mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Bks.

E 40432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 40432

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 750 Beaumont Av ST. 17-50 WARD

2-FULL NAME Rebecca S Brown

(a) RESIDENCE. NO. 750 Beaumont Av ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robt S Brown

6 DATE OF BIRTH (month, day, and year) 3 7

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant
(Address) Geo Stem & Co' undertakers Cumberland Md

15 Filed . 19 C. HAMPSON JONES, M. D., Registrar.
By

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 6 . 1928 , to Dec 19 . 1928 , that I last saw h alive on Dec 19 . 1928 , and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) Months yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & examination

(Signed) C Hampson Jones M. D.

. 19 (Address) 1739 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md	12/20 1928
20 UNDERTAKER	ADDRESS
D. William Cook	217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40433

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 Scott ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Seidell (HEIDER)

(a) RESIDENCE NO. 1156 Scott ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Seidel

6 DATE OF BIRTH (month, day, and year) Feb 15/1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84.	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Steam Fitter

(b) General nature of industry, business, or establishment in which employed (or employer) 060

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Seidel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosina Prueger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosina F. Schlag

(Address) 1156 Scott St.

15 Filed C. H. HAMPSON JONES, M. D. Registrar

C 20 1928 By CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14/28.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1. 1928. to Dec 14 1928.

that I last saw h alive on Dec 9 1928.

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leopold Stein, M. D.

, 19 (Address) 1127 Mosher Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cedar Hill	Dec 22nd 1928.
20 UNDERTAKER Mrs. J. W. Teufel & Son	ADDRESS 801 N Eutaw

If DEATH in plain writing, is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40434

CERTIFICATE OF DEATH

90

E 40434

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1339 Feldon Ave. ST., 13 WARD)

2—FULL NAME Sarah E. Stetley

(a) RESIDENCE NO. 1339 Feldon Ave. ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bishop E. Stetley

6 DATE OF BIRTH (month, day, and year): Sept. 17-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: Robert Govell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine R. Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: A. Earl Stetley

(Address): 1339 Feldon Ave.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Per ..... Registrar

C 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18-1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to Dec 18, 1928

that I last saw her alive on Dec 17, 1928

and that death occurred, on the date stated above, at 1.35 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Chronic hypertrophy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary edema

(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec 29 1928 (Address) 342 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec. 21 1928.
20 UNDERTAKER: Horace F. Burgee	ADDRESS: 632 Falls Road

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

153 E 40435

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. Ward)

2-FULL NAME Morena Ellis McClellan

(a) RESIDENCE NO. 1504 William St St. Ward Pensacola Fla.

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker Master

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Florida

PARENTS

10 NAME OF FATHER Robt McClellan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ~~Lake~~ Gould Miss

12 MAIDEN NAME OF MOTHER Lula Gould

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Miss

14 Informant Marion McClellan

(Address) 1504 William

15 Filed C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Cytolitis of Face & Septicaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Brooke M. D.

(Coroner) Sweden

12/12 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Pensacola Florida	12/20 1928
20 UNDERTAKER	**ADDRESS**
E. J. Fahey & Sons	1318 Light

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 201928

Cor.—12-9-25—A Co.—200 Bks.

E 40436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

182 E 40436

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucille Young.(C)

(a) RESIDENCE NO. 1012 Salisbury Alley. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced
(or) WIFE of Frank Young.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Frank Young.(C)

(Address) 1012 Salisbury Alley

DEC 20 1928 C. HAMPSON JONES, M. D.

Per RRH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occicental fall from a pier.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner)

12/14/1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

East Falls Ave in front of 809.

Former or usual residence December 14, 1928

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Dec 21 1928

20 UNDERTAKER Grant - L. Ruth ADDRESS 1735 Harford Av

Use should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40437

CERTIFICATE OF DEATH.

106-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Washington ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Schmidt

(a) RESIDENCE NO. 1713 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Giese

6 DATE OF BIRTH (month, day, and year) Sept. 6th 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe-maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Geo. Schmidt

(Address) 1713 N. Washington St.

15 Filed .19.. C. HAMPSON JONES, C. Registrar

DEC 20 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/17/ .19.. to 12/18/28. .19.. that I last saw him alive on 12/18/28 .19.. and that death occurred, on the date stated above, at 11.05 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Tooth extracted Date of 12/11/28.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Abner Bauer M. D.

12/20 1928 (Address) 1578 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 12/21/1928

20 UNDERTAKER E. I. Fanning & Son 1938

ADDRESS E. Lafayette

mation should be carefully supplied. Age above one year, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40438

CERTIFICATE OF DEATH

11-002

E 40438

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Russell ST., 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Estella Warner

(a) RESIDENCE NO. 1114 Russell ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Warner

6 DATE OF BIRTH (month, day, and year) April 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Housework

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. W. Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Georgianna Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ernest Warner

(Address) 1114 Russell St.

15 Filed DEC 21 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/28

17 I HEREBY CERTIFY, That I attended deceased from 12/10/28, 19 to 12/18/28, 19

that I last saw her alive on 12/17/28, 19

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchitis (Chronic)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/21/19 28 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	12-21 19 28
20 UNDERTAKER	ADDRESS
Jno. H. Joadimos	1027 Hanover

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40439

CERTIFICATE OF DEATH

100-001 E 40439

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 5-A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Lane

(a) RESIDENCE NO. 4299 Central Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lilla Lane

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Expressman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) No. Carolina

PARENTS

10 NAME OF FATHER Thomas Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) No. Carolina

12 MAIDEN NAME OF MOTHER Louise ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) No. Carolina

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 21 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18-28

17 I HEREBY CERTIFY, That I attended deceased from 12-7, 19 28 to 12-18, 19 28

that I last saw h/M alive on 12-18, 19 28

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John E. Thomas, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 22 1928
20 UNDERTAKER	ADDRESS
Thos J. S. Locke	1301 Jefferson

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40440

CERTIFICATE OF DEATH

111-001

E 40440

1-PLACE OF DEATH Church Home & Infirmary

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fairmount & Broadway ST. 816 WARD)

2-FULL NAME John Kostek

(a) RESIDENCE No. 2214 Fenters ST. E. PRESTON WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or ~~divorced~~ HUSBAND ~~WIFE~~ of (or) Barbara Koutek

6 DATE OF BIRTH (month, day, and year) Sept 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: City Water Department

9 BIRTHPLACE (city or town) (State or country): Czerny Kostelec Bohemia

PARENTS

10 NAME OF FATHER: Frank Koutek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Emil Koutek

(Address) 811 North Curley Street

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 20 Dec 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 ..1928. to Dec 20 .1928.

that I last saw ~~him~~ alive on Dec 20 .1928

and that death occurred, on the date stated above, at 2 20 P m.

The CAUSE OF DEATH* was as follows:

Ulcer, Cardiac end of Stomach

3 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Hemorrhage from ulcer (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Lemuel H. Norwood M. D.

.19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery

DATE OF BURIAL: Dec 24 1928

20 UNDERTAKER: August Busch

ADDRESS 2406 Eastlund Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

C 211928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40441

CERTIFICATE OF DEATH

90 ✓

E 40441

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1825 W. Lafayette Ave. ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Luther Putts

(a) RESIDENCE NO. 1825 W. Lafayette Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Estelle Putts

6 DATE OF BIRTH (month, day, and year) August 3, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Post Office

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles I. Putts

11 BIRTHPLACE OF FATHER (city or town) Frederick

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Gill

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. A. Estelle Putts

(Address) 1825 W. Lafayette Ave

15 Filed DEC 21 1928 C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec-4, 1928, to Dec. 18, 1928 that I last saw him alive on Dec-18, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy Heart

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin M. Shook M. D.

12/K, 28 (Address) 306 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec. 21 19 28
20 UNDERTAKER Robert B. Cook	ADDRESS 1003 West Baltimore St

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40442

1—PLACE OF DEATH

CERTIFICATE OF DEATH

31 E 40442

REGISTERED NO.

CITY OF BALTIMORE: (No. 3103 O'Donnell ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elenora Zielinska

(a) RESIDENCE NO. 3103 O'Donell ST. 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1913 May 4

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	15	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michal Zielinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Kosciolniak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Agnes Zielinska

(Address) 3103 O'Donell St

15 Filed OCT 21 1928 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1928, to Dec. 19, 1928, that I last saw h[illegible] alive on Dec. 19, 1928, and that death occurred, on the date stated above, at 6.20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Kuszewski, M. D.

12/20, 1928 (Address) 3579 Eastern Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	12-22 1928
20 UNDERTAKER	ADDRESS
Stephen Stalkowski	[illegible] Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 4044 3 — 129 — E 4044 3

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3309 Boston ST. 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward H. Way

(a) RESIDENCE NO. 3309 Boston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Way

6 DATE OF BIRTH (month, day, and year) Jan. 9. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Scott Way

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Hannah Heron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth Way

(Address) 3309 Boston St

15 Filed DEC 21 1928 19 [illegible] Registrar

IF DEATH IS plain terms, so that any important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17-1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3rd., 1928, to Dec 17th., 1928, that I last saw h im alive on Dec. 17th., 1928 and that death occurred, on the date stated above, at 7-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Estimated from history

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ✓
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) W. H. Gould, M. D.

12/19/1928 (Address) 1011 N. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Dec 21 1928
20 UNDERTAKER	ADDRESS
George W Zurkler	1737 E. Eager St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40444

CERTIFICATE OF DEATH.

11-001

E 40444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638-N-Charles ST. 12 WARD)

2-FULL NAME Lillie Gwynn Rigney Whitman

(a) RESIDENCE No. 2638-N-Charles ST. 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? 72 yrs. 11 mos. 5 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Winthrop Whitman

6 DATE OF BIRTH (month, day, and year): Jan-14-1856

7 AGE — Years: 72 Months: 11 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER: John T. Rigney

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Mary C. Gwynn

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) Maryland

14 Informant: Mr. Fred. W. Whitman (husband) (Address) 2638-N-Charles St. City

15 Filed DEC 21 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Dec 19, 1928, that I last saw h alive on Dec 18, 1928 and that death occurred, on the date stated above, at 10½ A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry M. Bayless, M. D.

Dec 19 1928 (Address) 2805 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Dec 21 28.

20 UNDERTAKER: Stewart & Mowen Co — ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40445 — 47 E 40445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 101 Longwood Road St. 21-53 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude Didenhover Shirley

(a) RESIDENCE No. 101 Longwood Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 12 ds. How long in U. S., if of foreign birth? 53 yrs. 10 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Shirley

6 DATE OF BIRTH (month, day, and year): Feb 7 1875

7 AGE — Years: 53 — Months: 10 — Days: 12 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Chas. Didenhover

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Maryland

12 MAIDEN NAME OF MOTHER: Lydia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Maryland

14 Informant: Mr. William Shirley (son)

(Address) 101 Longwood Rd. City

Filed DEC 21 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 1928 to Dec 19 1928.

that I last saw h[illegible] alive on Dec 19 1928

and that death occurred, on the date stated above, at 11 30 Pm

The CAUSE OF DEATH* was as follows:

Carcinoma - generalized recurring from Carcinoma of breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1927

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter A Baetjer, M. D.

1928 (Address) 1115 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Dec 22 1928

UNDERTAKER: Stewart & Co — ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of case is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75.002

E 40446

E 40446

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1619 E. 31st ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Fritzges

(a) RESIDENCE NO. 1619 E. 31st ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Fritzges

6 DATE OF BIRTH (month, day, and year): March 5, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Fritzges

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Mrs B. Buchanan
(Address) 1619 E. 31st St.

15 Filed ... 19... C. [illegible] Registrar

C 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 '26, to Dec 18 '28,
that I last saw h alive on Dec 0 '28
and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cardiac Paralysis 2 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Mengel, M. D.

12/20/28 19... (Address) 12/19/28.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 22 1928
20 UNDERTAKER	ADDRESS
Robt T. Turner & Son	1342 N Broadway

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40447

CERTIFICATE OF DEATH

51

1—PLACE OF DEATH

REGISTERED NO. 7-13

CITY OF BALTIMORE: (No. 1802 Ashland Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna M. Zimmermann

(a) RESIDENCE NO. 1802 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Zimmermann

6 DATE OF BIRTH (month, day, and year) Sept. 8 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER A. Kircher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mrs Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr Joseph F. Zimmermann

(Address) 1802 Ashland Ave

15 Filed [illegible] 19 [illegible] Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1928

17

I HEREBY CERTIFY, That I attended deceased from January, 1928, to December 20, 1928,

that I last saw her alive on December 20 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Ayd, M. D.

Dec 21, 1928 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 24 1928
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E. Eager St

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40448

99-002

E 40448

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 S. Clinton St. WARD 16-V)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Jane Scott. Mc Donough

(a) RESIDENCE NO. 248 S Clinton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J McDonough

6 DATE OF BIRTH (month, day, and year): Nov 14-1850

7 AGE: Years 78 | Months 1 | Days 6 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mrs Elmin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: John J. McDonough

(Address): 248 S Clinton St

15 Filed DEC 21 1928, 19 C. HARRY RUHL Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/13, 19 28, to 12/19, 19 28,

that I last saw h[illegible] alive on 12/19, 19 28,

and that death occurred, on the date stated above, at 12 30 A M

The CAUSE OF DEATH* was as follows: Chr Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 29 Saint Paul Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 22 19 28

20 UNDERTAKER: Geo M. Frit & Son — ADDRESS: 811 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40449

CERTIFICATE OF DEATH.

90 E 40449

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Carrs (St.) 12-27 (Ward)

2-FULL NAME Lewis Henry

(a) RESIDENCE No. 1711 Carrs ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Henry.

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jennie Henry (Address) 1711 Carrs St

15 Filed ....., 19.... C. HAMILTON JOHNS, M. D. Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-1928

17

I HEREBY CERTIFY, That I attended deceased from Nov-19-1928, to Dec-18, 1928, that I last saw him alive on Dec 18, 1928 and that death occurred, on the date stated above, at 8:30 pm

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease about

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Jackson, M. D.

12/19 1928 (Address) Good Samaritan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tolchester Md — DATE OF BURIAL 12-21 1928

20 UNDERTAKER David Easton — ADDRESS 916 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CONDITION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-00 E 40450

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 7552 W. Mulberry St. 17-26 Ward)

2-FULL NAME Henrietta E. Jackson

(a) RESIDENCE NO. 7552 W. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Jackson

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. H. Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet Gough

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant H. Annie Owings (Sister)

(Address) 2343 Druid Hill Ave.

15 Filed DEC 21 1928 C. H. [illegible] Registrar

Rec'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] (Coroner) M. D.

12/21 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery Date of Burial Dec. 24-28

20 UNDERTAKER John M. Johnson ADDRESS 1234 Ethan St.

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40451

CERTIFICATE OF DEATH

15-00 E 40451

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 513 East ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Watkins

(a) RESIDENCE NO. 513 East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pleasant Watkins

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Pleasant Watkins

(Address) 513 East st.

DEC 21 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-28

17

I HEREBY CERTIFY, That I attended deceased from 12-10, 1928, to 12-19, 1928.

that I last saw h alive on 12-19, 1928

and that death occurred, on the date stated above, at P 00 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

12-19, 1928 (Address) 508 Fremont St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	12-21-28
20 UNDERTAKER	**ADDRESS**
Mrs. R. A. Elliott	825 Carlton

Spec.—1-10-21—M&T—1500 Bks.

E 40452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 40452

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3911 Garrison Blvd. WARD 15-63

2-FULL NAME Nora Belle Royer

(a) RESIDENCE No. 3911 Garrison Blv ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Elmer C Royer

6 DATE OF BIRTH (month, day, and year) Sept 29 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	45	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Thomas Roop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosalee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Dr Elmer C Royer

(Address) 3911 Garrison Blvd

15 Filed DEC 21 1928 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/28

17 I HEREBY CERTIFY, That I attended deceased from July 11th 1928 to Dec 20th 1928

That I last saw h alive on Dec 19th, 1928

and that death occurred, on the date stated above, at 7.25 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 5 mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 11th 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J E Poulton, M. D.

12/20 1928 (Address) 6907 Garrison Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meadow Branch Carroll Co Md

DATE OF BURIAL Dec 22 1928

20 UNDERTAKER W M Routson

ADDRESS 2236 N Mtd

N.B.—All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Letter on file from Dr Geller Coroner Dated Dec 31-1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40453

CERTIFICATE OF DEATH.

1928 E 40453

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Krause

(a) RESIDENCE NO. 608 Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1854 ~~1858~~

7 AGE: Years 75 ~~70~~ Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore Md (State or country) New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

PARENTS

14 Informant Mary Heise

(Address) Halethorpe Md

15 [illegible] 19[illegible]

EC 21 1928

C. H. [illegible] M. C.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st & 2nd degree burns of legs & arms Burnt by gas stove

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) yrs. mos. ds.

(Signed) Eugene Geller M. D.

(Coroner)

12/21, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 608 Chase St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Dec 22 1928

20 UNDERTAKER Fred A. Wannenwetsch Son ADDRESS 703 Hanover St

F. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Mary Wahlberger.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40454

CERTIFICATE OF DEATH.

1939 E 40454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital 614 (ST.) (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. M. Wahlberger Gaetten

(a) RESIDENCE NO. Notre Dame Convent ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar-28-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston. Mass.

PARENTS

10 NAME OF FATHER Joseph Gaetten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Munich

12 MAIDEN NAME OF MOTHER Mary Ehrmacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Munich

14 Informant (Address) Hosp. Records

15 Filed 19 Registrar

DEC 27 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-20 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-13-28, 19 , to 12-20-28, 19 ,

that I last saw her alive on 12-20-28, 19 ,

and that death occurred, on the date stated above, at 9 00 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis uterii

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pelvic Peritonitis & toxemia (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-15-28

Was there an autopsy? No clinical

What test confirmed diagnosis?

(Signed) C. C. Zimmerman, M. D.

19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Md	Dec 22 19 28
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 Gay St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

40455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 001 E 40455

1-PLACE OF DEATH Md General Hosp.

CITY OF BALTIMORE: (No.) Howard & Madison ST. 25-77 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Edelen

(a) RESIDENCE NO. 2008 Brentwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22/865

7 AGE — Years: 63 — Months: 2 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co Md

PARENTS

10 NAME OF FATHER: Jacob Edelen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Laura Tydogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

14 Informant: Henry Renner

(Address)

15 Filed DEC 21 1928 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 20, 1928, that I last saw h alive on Dec 20, 1928, and that death occurred, on the date stated above, at 12 00 P. m.

The CAUSE OF DEATH* was as follows:

Adenoma Prostate

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 12/13/28

Was there an autopsy? No

What test confirmed diagnosis? operation & Clinical

(Signed) H. H. Kerfoot M. D.

1410 (Address) Md Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Dec 22 1928

20 UNDERTAKER: George J Smith — ADDRESS: 33 Hollins

NOTE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40456

CERTIFICATE OF DEATH.

86

E 40456

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1077 W. Fayette St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Gabriel

(a) RESIDENCE NO. 1077 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Gabriel

6 DATE OF BIRTH (month, day, and year): Sept 6, 1847

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
81	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto —

PARENTS

10 NAME OF FATHER: Jos Hahn

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorathea Lautenbacher

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ger

14 Informant: Annie M. Gabriel

(Address) 1077 W. Fayette

15 Filed DEC 21 1928. C. Hilton Lewis M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. O'Brooklyn M.D.

(Coroner) S. W. Smith

12/20 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — Date of Burial: Dec 24 1928

20 UNDERTAKER: George A. Smith ADDRESS: [illegible]

I.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 40457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40457

CERTIFICATE OF DEATH. 129X

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3813 Milmor Ave (overlea) ST. 27-42 WARD

2-FULL NAME Nina Lee Stringer

(a) RESIDENCE No. 1115-8th St Portsmouth Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Samuel Hoffler Stringer

6 DATE OF BIRTH (month, day, and year) Sept 16. 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
55	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chesterfield County Virginia

PARENTS

10 NAME OF FATHER George W. Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chesterfield County Va

12 MAIDEN NAME OF MOTHER Margaret Ann Bradshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chesterfield County Va

14 Informant Mr Samuel Hoffler Stringer

(Address) 1115 Eight St Portsmouth Va

15 Filed DEC 21 1928 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1928 to Dec 20th 1928

that I last saw her alive on Dec 20/28 1928

and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Flu

CONTRIBUTORY (Secondary) Nephritis (duration) ? yrs. mos 3 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Hugh Hall M. D.

DEC 21 1928 (Address) 1203 High

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Virginia — DATE OF BURIAL Dec 21 1928

20 UNDERTAKER Geo Saunders & Son — ADDRESS 217 S. Paca St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

220313 E 40458 — CERTIFICATE OF DEATH — 38 E 40458

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Zwick

(a) RESIDENCE NO. 1643 Wallman ST., 2d WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/3/28

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Willie Zwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-C —

12 MAIDEN NAME OF MOTHER Mary Pastor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-C —

14 Informant Records —

(Address)

15 Filed DEC 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/28

17

I HEREBY CERTIFY, That I attended deceased from Nov-30, 1928, to Dec 17, 1928, that I last saw her alive on Dec-17, 1928 and that death occurred, on the date stated above, at 8 a- m.

The CAUSE OF DEATH* was as follows:

congenital syphilis

marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Wass. Wass.

(Signed) Jones A Miller, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

JOHNS HOPKINS HOSPITAL DEC 21 1928

20 UNDERTAKER — ADDRESS

Commissioner Health

DEC 21 1928 3065

OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 40459

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1913 Lanvale Ave ST., 20-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Haresmm

(a) RESIDENCE NO. 1913 Lanvale Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 19, 1928

7 AGE — Years: — Months: — Days: 1 Day 1 hr. 5 min. — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Irvin Haresmm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northumberland Co., Va.

12 MAIDEN NAME OF MOTHER Nannie Bowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co., Virginia

14 Informant

(Address)

15 Filed DEC 21 1928 3066 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 1928

17 I HEREBY CERTIFY, that I attended deceased from Dec 19, 1928 to Dec 20, 1928.

that I last saw h/m alive on Dec 20, 1928.

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Aspiration ?)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ruth Wollard, M. D.

, 19 (Address) Union Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: 19

20 UNDERTAKER — ADDRESS

Commissioner Health. DEC 21 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

220839

E 40460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144 E 40460

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucy Jutzykowicz

(a) RESIDENCE NO. 913 S Kenwood ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of Vincent J

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address)

15 Filed 12-21, 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 20, 1928, that I last saw h[illegible] alive on Dec 20, 1928, and that death occurred, on the date stated above, at 5 45 a. m.

The CAUSE OF DEATH* was as follows:

Paroxysmal auricular flutter.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew G. Marchetti, M. D.

12/20, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Dec

DATE OF BURIAL 24 1928

20 UNDERTAKER John M Weber 401 E

ADDRESS Chester st

OF DEATH in plain terms, so that it may be properly classified. Entries must be made in all cases. All items are important. See instructions on back of certificates.

DEC 21 1928

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40461

CERTIFICATE OF DEATH.

11-001 E 40461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 Winston Ave (St.) 27-46 (WARD)

2-FULL NAME Harriet Simms

(a) RESIDENCE NO. 525 Winston Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Simms

6 DATE OF BIRTH (month, day, and year): Feb 13 - 1856

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
72	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Tisdell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Agnes Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Gertrude Grayer (Address) 525 Winston St.

15 Filed DEC 21 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1928. to Dec 20 1928.

that I last saw her alive on Dec 20 1928.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary): La Grippe

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan M. D.

Dec 21. 1928 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL 12/23/28

20 UNDERTAKER: Samuel H. Hemsley ADDRESS 578 N. Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S and State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40462

CERTIFICATE OF DEATH

90 E 40462

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thompson, Louisa

(a) RESIDENCE NO. 507 Orchard St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? Md

PARENTS

10 NAME OF FATHER Lyles Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Md.

12 MAIDEN NAME OF MOTHER Reb. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Md

14 Informant (Address)

15 Filed DEC 21 1928, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-28

17 I HEREBY CERTIFY, That I attended deceased from 12-16, 19 28, to 12-19, 19 28

that I last saw h[illegible] alive on 12-19, 19 28

and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Ulceration Colon with Stricture of Rectum

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Chronic Hypertrophic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. Sm. Mack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	12/22, 19 28
20 UNDERTAKER Edward Wensley	ADDRESS 518 N Bdle

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 40463

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Madison Ave ST., H-70 WARD)

2-FULL NAME Baby Girl Gray

(a) RESIDENCE NO. 1413 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 20, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1413 Madison Ave

PARENTS

10 NAME OF FATHER Bernard Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Matilda Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Mother

(Address)

15 Filed DEC 21 1928, 19 Deputy Registrar

C. HAMILTON JONES, M. D.

3067

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1928, to Dec 21, 1928, that I last saw her alive on Dec 21, 1928, and that death occurred, on the date stated above, at 6.35 A. m.

The CAUSE OF DEATH* was as follows:

Premature

Intrauterine asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Hovey M. D.

, 19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

DEC 21 1928

N. B.—WRITE PLAINLY, WITH ENDURING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 21 1928

Per WM. E. WOODALL

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40464

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH
City of BALTIMORE: (No. North Eaton Ave, St., Near Carroll station 20-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine B. Bentsen

(a) Residence No. North Eaton Ave. Carrollstation St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 11.12.1902

7-AGE, 26 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Bentsen

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bamberg Germany

12-MAIDEN NAME OF MOTHER, Anna M. Wurm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Cassau Germany

14- (Informant) Mrs. Anna M. Bentsen
(Address) N. Eaton Ave

15- Filed DEC 21 1928 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 20, 1928

17- I HEREBY CERTIFY, That I attended deceased from November 1 1928 to December 20 1928, that I last saw her alive on December 20 1928, and that death occurred, on the date stated above, at 3 45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
and Complications
(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uremia
(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 1912

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hallo H. A. Wiegert M. D.

12/20, 1928 (Address) 1032 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Dec. 22, 1928

20-UNDERTAKER: Charles W. Dill. ADDRESS 2109 Fredk. Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 40465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40465

90

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 432 N. Lakewood Ave. ST., 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James M. Crawford,

(a) RESIDENCE NO. 432 N. Lakewood Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu M. Crawford

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1858,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brush Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary A. Markland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Lulu M. Crawford
(Address) 432 N. Lakewood ave.

15 [illegible] C. HAXTON Jones M. D.
Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/28

17 I HEREBY CERTIFY, That I attended deceased from 12/10, 1928, to 12/19, 1928, that I last saw h[illegible] alive on 12/9, 1928, and that death occurred, on the date stated above, at 9 00 P. m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart Muscles

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure & Bad Kidneys

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. R. Bacon M. D.

12/20 1928 (Address) 3901 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Dec. 22, 1928,

20 UNDERTAKER — ADDRESS

Wm. C. Black 921 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 40466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital ST. 10 WARD)

2-FULL NAME Frederick F. Heise

(a) RESIDENCE NO. 3 Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ida M. Heise

6 DATE OF BIRTH (month, day, and year) March 12-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	60	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Heise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Lentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida M. Heise

(Address) 3 E. Montford ave.

15 Filed DEC 21 1928, 19 G. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 19, 1928, that I last saw h/m alive on Dec 19, 1928, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Abscess Lung.
Empyema.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Dec 19 28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W B Hendrix, M. D.

St Josephs Hospital Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL Dec. 22 1928

20 UNDERTAKER Wm L. Black — ADDRESS 927 N. Broadway

N. B.—WRITE PLAINLY, WITH INK. ONE SPACE FOR EACH LETTER. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 40467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 36-902 ✓ E 40467

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank H. Carey

(a) RESIDENCE NO. Canton, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 22 1915

7 AGE — Years: 13 Months: 8 Days: 29 — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ghost Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(r) Name of employer:

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Frank H. Carey

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Julia N. Bryan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant (Address) Frank H. Carey Fallstown Md

15 Filed 19 Per Registrar

C. BARTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/1928

17 I HEREBY CERTIFY, That I attended deceased from 12/16/28 19 to 12/20/28 19

that I last saw h.. alive on 12/20/28 19

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Left Femur (duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/17/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. S. Rowland, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — Date of Burial 19

20 UNDERTAKER: Geo W Little — ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 21 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40468 E 40468

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Ilgenfritz

(a) RESIDENCE NO. upper Cau ST., WARD
(Usual place of abode) Baltimore County, Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6 DATE OF BIRTH (month, day, and year): Dec 25 1860

7 AGE — Years: 67 | Months: 11 | Days: 25 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Poultry Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Of

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Oliver C Ilgenfritz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Alice C Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... By ... Registrar

C. HAMILTON JONES, M.

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Dec 20, 1928, that I last saw h. alive on Dec 20, 1928, and that death occurred, on the date stated above, at 3 05 11 m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach Peritonitis Cancerosis

7 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Lab - Xray

(Signed) C. Jeffries Judd, M.D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Dec. 23 1928

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St & Broadway

IMPORTANT: Physician must fill out MEDICAL CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 40469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40469

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

REGISTERED NO. 75-00

City of BALTIMORE: (No. 615 W Lafayette St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank H Johnson

(a) RESIDENCE NO. 615 W Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
64	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer —

9 BIRTHPLACE (city or town) Miss

(State or country) Miss

PARENTS

10 NAME OF FATHER Robert Johnson

11 BIRTHPLACE OF FATHER (City or town) Miss

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Ward

13 BIRTHPLACE OF MOTHER (city or town) Miss

(State or country)

14 Informant Emma Johnson

(Address) 615 Lafayette Ave

15 Filed ... 19 ... Registrar

By ...

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 20, 1928, that I last saw him alive on Dec 18, 1928, and that death occurred, on the date stated above, at 1 45 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. H. Johnson M. D.

. 19 (Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Zion	12/22/1928
20 UNDERTAKER	ADDRESS
C. H. Holland	1601 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40470

CERTIFICATE OF DEATH.

90

E 40470

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1363 N. Gilmor St. 15-W Ward)

2-FULL NAME Julia A Turner

(a) RESIDENCE NO. 1363 N. Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Turner

6 DATE OF BIRTH (Month, day and year): Aug 5 1853

7 AGE: Years 75 Months 4 Days 15 (If LESS than 1 day.....hrs. or.....min.)

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Wm R. Earl,

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Maria Reed

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Viola Campbell

(Address) 1363 N. Gilmor

Filed DEC 21 1928 C. HARRISON JONES, M. D. Registrar

Fee RKK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. E. Lynch M. D.

(Coroner)

Dec 19 28 (Address) North Ave & Divon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Dec 23 1928

20 UNDERTAKER: Thomas G. Nelson. — ADDRESS: 1303 Freetman St

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 40471

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E. 30th. ST. 4-4½ WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Zimmerman

(a) RESIDENCE NO. 530 E. 30th. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lizzie Zimmerman

6 DATE OF BIRTH (month, day, and year): Feb. 2, 1852

7 AGE: Years 76 | Months 4 10 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self Balto.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wolfgang Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Buchwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Clair Tracy

(Address): 530 E. 30th St.

15 Filed 19 C. HERBERT JONES, M. D. Registrar

By RRN

EC 211928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1928, to Dec 20th, 1928 that I last saw h i alive on Dec 18th, 1928 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cytoscopic Exam

(Signed) George Corpening M. D.

12/21/1928 (Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 22 1928

UNDERTAKER: William Cook — ADDRESS: 1211 St. Paul

IMPORTANT: Please write plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 40472

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3516 (Hayward ave ST.) 27-55 (WARD)

2-FULL NAME Joseph McAnally

(a) RESIDENCE NO. 3516 Hayward ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or WIFE of) Frances M. McAnally

6 DATE OF BIRTH (month, day, and year) Dec. 20. 1862

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): Cement work.

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md

PARENTS

10 NAME OF FATHER: Antan McAnally

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliz. Robbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Francis M. McAnally
(Address) 3516 Hayward Ave

15 Filed DEC 21 1928, C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Dec 21, 1928, that I last saw him alive on Dec 20, 1928, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Internal Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) C. B. Ensor M. D.

12-21 1928 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dover Cem. Dalto Co Md — DATE OF BURIAL: Dec 23 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 1211 St Paul

B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40473

E 40473

CERTIFICATE OF DEATH.

188-193

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at Johns Hopkins Hospital

City of BALTIMORE: (No. 2-4 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Pershek

(a) RESIDENCE NO. 1000 Aliceanna St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anthon Pershek

6 DATE OF BIRTH (month, day, and year) May 28/1849

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	79	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home.

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER William Wright

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Stout

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Jorgenson

(Address) 813 N. Kenwood Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage & other injuries. Accidently struck by automobile at Monument & Caroline Sts.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

19 12/21/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial 12/22 19 28

20 UNDERTAKER Wm Cook ADDRESS 1317 E Pratt St

EC 21 1928

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... of DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40474

CERTIFICATE OF DEATH

118-001

E 40474

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Kenny

(a) RESIDENCE NO. 1177 Front St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Kenny

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 47 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs Edward Kenny

(Address): 1177 W. Front St.

15 C. HUNTON JONES, M. D. Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19/28

17 I HEREBY CERTIFY, That I attended deceased from 10/20/28, 19..., to 12/19/28, 19..., that I last saw her alive on 12/19/28, 19..., and that death occurred, on the date stated above, at 12:17 P.M. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) ... yrs. 1½ mos. ... ds.

CONTRIBUTORY (Secondary) Partial Obstruction & Evisceration

(duration) ... yrs. ... mos. 1 wk 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 11/20/28

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

, 19 (Address) [illegible] Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec. 22 19 28

20 UNDERTAKER: Fallano Cook — ADDRESS: 217 E. Pratt

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Phillips 2300 Edmondson Ave

E 40475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

E 40475

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 5326 Maple Ave ST. (WARD) 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanley F Smith

(a) RESIDENCE NO. 5326 Maple Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia E Smith

6 DATE OF BIRTH (month, day, and year): Sept 24. 1890

7 AGE: Years 38 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: A. B. Dixons

9 BIRTHPLACE (city or town) (State or country): Cuttsburg Pa

PARENTS

10 NAME OF FATHER: Edwin Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Anna Smalts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Virginia E Smith

(Address) 5326 Maple Ave

15 Filed DEC 21 1928, 19 C. HANSON JONES, M.D. Registrar

Our [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1924. to Dec 19. 1928.

that I last saw him alive on Dec. 18 1928

and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

for 6 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary): Taken sick in army following Gas exposure (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? In Army

Did an operation precede death? no Date of –

Was there an autopsy? no

What test confirmed diagnosis? Pulmonary & Bacilli

(Signed) Thos. H. Phillips, M. D.

19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt National

DATE OF BURIAL: 12/22 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 1219 St Paul St

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Franklin 92 Biddle St

E 40476

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 40476

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1195 N Fulton Ave ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry H Butler

(a) RESIDENCE NO. 1195 N Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie C Butler

6 DATE OF BIRTH (month, day, and year) Dec 22, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Kenner Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Catherine Headley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mrs Willie C Butler

(Address) 1195 N Fulton Ave

15 Filed DEC 21 1928, 19 H. LAWSON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Dec 19, 1928, that I last saw him alive on Dec 19, 1928 and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Nine

(Signed) J. F. Franke, M. D.

, 19 (Address) 1 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	12/22 19 28
20 UNDERTAKER Wilkens Cook	ADDRESS 1217 St Paul St

mation should be carefully supplied. Also, answer all questions. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dr Bayley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 40477 E 40477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 N. Calvert ST. 17-50 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Anderson Thrift

(a) RESIDENCE NO. 2809 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Fred. W. Thrift

6 DATE OF BIRTH (month, day, and year) Feb 1 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Fred. W. Thrift

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country) Rhoda M Manson

12 MAIDEN NAME OF MOTHER Rhoda M Manson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant James F. Thrift
(Address) 2809 N Calvert

15 Filed ..., 19 CLAYTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Dec 20, 1928.

that I last saw h alive on Dec 20, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Embolism

J K. Corner / J. Marsden Cond.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fracture Left Tibia & Accident (Fall) 2 weeks

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Left hospital on leg at Hospital

Did an operation precede death? Date of Dec 6/28

Was there an autopsy? no

What test confirmed diagnosis? X Ray and Coroner's Physicians

(Signed) Henry Bu. Bayley, M. D.

Dec 20, 1928 (Address) 2705 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Dec 24, 28

20 UNDERTAKER Wm Cook & Paul Postons — ADDRESS

DEC 21 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Esslinger
1514 E Balto

E 40478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 40478

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1720 Alaeanna St. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate Miller

(a) RESIDENCE NO. 1720 Alaeanna St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Miller

6 DATE OF BIRTH (month, day, and year) May 6 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Mensch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lutpourn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Francis Baumer

(Address) 1720 Alaeanna

15 Filed DEC 21 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21/28

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928 to Dec 21, 1928

that I last saw h alive on Dec 20/1928

and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R. D Esslinger, M. D.

, 19 (Address) 1514 E Balto St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthias — DATE OF BURIAL 12/24 1928

20 UNDERTAKER Wm Cook — ADDRESS 521 S Sound

mation should be carefully supplied. Name should be written in ink. Do not abbreviate. Write with pen and ink. Exact statement of OCCUPATION OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

EC 21 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40479

CERTIFICATE OF DEATH.

18 E 40479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 23-21 Ward)

2-FULL NAME Charles Mullins

(a) RESIDENCE NO. 1412 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Mullins

6 DATE OF BIRTH (month, day, and year) Dec 25-1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	11	5	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Amer. Sugar Ref Co

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER John Mullins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Wallace

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

PARENTS

14 Informant Mrs Orlina Carbutton

(Address) 1412 Hanover St

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

Acute Gas Poisoning (CO)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

12/27, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — Date of Burial 12-24-1928

20 UNDERTAKER Wm Cook — ADDRESS 1217 St. Paul St.

DEC 27 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Louis J. Reardon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40480 — 128 ✓ — E 40480

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 124 W. Mosher St. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis J. Reardon

(a) RESIDENCE NO. 124 W. Mosher St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 7th. 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) Geoeral nature of industry, business, or establishment in which employed (or employer) Astor Cab Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dennis T. Reardon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Killeleo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informaot Mr. Dennis T. Reardon

(Address) 124 W. Mosher St.

15 Dec. 19 Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from October 26th, 19 28, to Dec. 19th., 19 28, that I last saw h in alive on Dec. 19th., 19 28 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. V. Cavalieri, M. D.

12/21, 19 28 (Address) 24 W. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	12/22/ 19

20 UNDERTAKER Harry A Witzke ADDRESS 5711 Lombard St.

mation should be carefully supplied. AGE should be stated EXACTLY. Ambiguous terms, such as "infant," "child," "boy," "girl," "man," "woman," "stillborn," "unknown," "laborer," "housekeeper," "domestic," "clerk," "merchant," "manufacturer," "dealer," "agent," "broker," "retired," "widow," "widower," "wife," "husband," "son," "daughter," "mother," "father," "brother," "sister," "grandmother," "grandfather," "grandson," "granddaughter," "uncle," "aunt," "nephew," "niece," "cousin," "friend," "neighbor," "relative," "servant," "nurse," "student," "apprentice," "helper," "assistant," "foreman," "overseer," "superintendent," "supervisor," "inspector," "operator," "engineer," "fireman," "chauffeur," "driver," "conductor," "motorman," "guard," "watchman," "policeman," "soldier," "sailor," "marine," "pilot," "captain," "lieutenant," "sergeant," "corporal," "private," "officer," "warrant officer," "petty officer," "seaman," "fireman," "cook," "steward," "stewardess," "waiter," "waitress," "barber," "hairdresser," "manicurist," "masseur," "masseuse," "beautician," "cosmetologist," "embalmer," "undertaker," "funeral director," "mortician," "coroner," "medical examiner," "physician," "surgeon," "dentist," "nurse," "midwife," "veterinarian," "chiropodist," "optometrist," "optician," "pharmacist," "druggist," "chemist," "biologist," "bacteriologist," "laboratory technician," "X-ray technician," "radiologist," "radiographer," "radiologic technologist," "radiologic technician," "radiologic technologist," "radiologic technician," "radiologic technologist," "radiologic technician

Spec.—2-29-28—L. F. S.—500 Bks.

E 40481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40481

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitorium ST. 27-48 WARD)

(REGISTERED NO. 185)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Lyman

(a) RESIDENCE NO. 6000 Belona Lane ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louise E. H. Lyman

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1838

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Columbia (State or country) Conn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. R. H. Lane

(Address) Register Ave.

15 Filed DEC 21 1928, 19 CLARSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20-28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Dec 20, 1928, that I last saw h— alive on Dec. 19, 1928 and that death occurred, on the date stated above, at 7.25 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

C. R. Cornman M.D.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Hip

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Hoes M. D.

12-20. 1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	12/22/28 19
20 UNDERTAKER	ADDRESS
Harry S. Wittle	531 N. Carrollton

mation should be carefully supplied. Age should be stated EXACTLY. The cause OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40482

CERTIFICATE OF DEATH

× 40 E 40482

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS — REGISTERED NO.

CITY OF BALTIMORE: (No. Bels City Hospitals ST., 21-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Mahler

(a) RESIDENCE NO. 5117 Easton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1904

7 AGE — Years: 24 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ft. Va.

PARENTS

10 NAME OF FATHER: Louis Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ft. Va

12 MAIDEN NAME OF MOTHER: Emma Cooler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ft. Va

14 Informant

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible], 19 [illegible] Registrar

DEC 21 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/19/28

17 I HEREBY CERTIFY, That I attended deceased from 12/13, 19 28, to 12/19, 19 28, that I last saw h[illegible] alive on 12/19, 19 28 and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Delirium

Pertussis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Emboli

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/22/1928

20 UNDERTAKER: [illegible] Cook — ADDRESS: 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. THIRTEEN ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 40483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40483

CERTIFICATE OF DEATH

57

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank B. Simcoe

(a) RESIDENCE NO. 836 Powers St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida C. Simcoe

6 DATE OF BIRTH (month, day, and year) Oct 27, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	54	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John Simcoe

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Mary ——

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Walter Simcoe

(Address) 941 Bartlett Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12/19/28

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1928, to 12-19, 1928, that I last saw him alive on 12-19, 1928, and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Diabetes - Diabetic gangrene

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic C. V. Disease with Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 12 18 28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frances W. Gillis, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial Dec 22 19 28

20 UNDERTAKER E. LeRoy Stiffler ADDRESS 125 E. Noble ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 21 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 40484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40484

1—PLACE OF DEATH

REGISTERED NO. 12-5D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1636 (ST.) Guilford Ave (WARD)

2—FULL NAME Kate E. Cromwell

(a) RESIDENCE NO. 1636 (ST.) Guilford Ave

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Cromwell

6 DATE OF BIRTH (month, day, and year): Aug 18, 1873

7 AGE — Years: 55 | Months: 4 | Days: 7 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Andrew Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Julia Cahill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Andrew Jennings (Address) 1 N. Potomac St

15 Filed DEC 22 1928 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928 to Dec 20, 1928

that I last saw her alive on Dec 18, 1928

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos. 18 ds.

CONTRIBUTORY (Secondary): Paralysis

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? By Ex

Signed: W. C. Rhodes, M. D.

19 (Address) 1436 W Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Harford Rd	Dec 22 1928
20 UNDERTAKER	ADDRESS
Margaret S. Flynn	142 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40485

1—PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No.) 723 McCabe Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethel S. Clegg.

(a) RESIDENCE NO. 723 McCabe Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 DATE OF BIRTH (month, day, and year) Dec 11, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Hamrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Standford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Robert Hamrick

(Address) Shepherdstown, W. Va

15 Filed DEC 19 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 21, 1928, that I last saw he alive on Dec 21, 1928 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. L. Lor, M. D.

12/21/1928 (Address) 270 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shepherdstown W. Va — DATE OF BURIAL: 12/22/1928

20 UNDERTAKER: W. M. Cook — ADDRESS: 217 S. Carol St

EC 221928

via Brooks to Robert Hamrick

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40486 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 40486

CERTIFICATE OF DEATH

1-PLACE OF DEATH Woman's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 22-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Kounski

(a) RESIDENCE NO. 421 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machine operator

(b) General nature of industry, business, or establishment in which employed (or employer) Cloak manufacturing

(c) Name of employer Royal Cloak Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dominick Kounski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Veronica Razgidiey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs. Marie Gabriel (sister)

(Address) 718 W. Fayette

EC 22 1928

C. HAMILTON JAMES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928 to Dec 20 1928

that I last saw her alive on Dec. 20 1928

and that death occurred, on the date stated above, at 6.17 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis, mitral stenosis and insufficiency.

Probable (duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial failure, anasarca (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical & laboratory.

(Signed) Francis H. Langley, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Dec 24 1928

20 UNDERTAKER John Grebliauckas ADDRESS 4238 Paca

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

(Orane)

2184 B 40487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 B 40487

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 6-11 WARD)

2—FULL NAME Charles Drane

(a) RESIDENCE NO. 2907 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address)

15 DEC 27 1928 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 20, 1928, that I last saw h[illegible] alive on Dec 20, 1928 and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows: Chronic endocarditis
Myocardial insufficiency
Mitral insuff. & stenosis
Aortic Insuff. Pulmonary
insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C D Greene, M. D.

, 19 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec. 24 1928
20 UNDERTAKER	ADDRESS
William G. Schaeffer	1816 Monument

mation should be carefully supplied. AGE should be stated EXACTLY. INFORMANT: FILL OUT CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40488 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-901 E 40488

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Orleans ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph T. O'Neill

(a) RESIDENCE No. 420 E. 26th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 7, 1903

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) City Street Car

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Michael O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr. Michael O'Neill

(Address) 420 E. 26th Street

Filed DEC 22 1928, 19

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 20, 1928, that I last saw him alive on Dec. 20th, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. [illegible] M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 24, 1928

20 UNDERTAKER John A. Maan — ADDRESS 5000 E. Balto St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40489

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 40489

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Pronounce dead at

City of BALTIMORE: (No. St. Joseph Hospital St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Augusta Daum

(a) RESIDENCE NO. 915 N. Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Andrew Daum

6 DATE OF BIRTH (month, day, and year) January 27, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housecleaning and

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Arden A. Fields

(Address) 912 S. Carey Street

15 Date DEC 22 1928 C. HAMSON JONES, M. D.

For REG Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio vascular-renal disease.
Coronary & general Sclerosis.
(Autopsy by Dr. Haldels)
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Probable accidental fall down cellar (duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cullen, M. D. (Coroner)

12/20/28 (Address) 508 E. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — Date of Burial: Dec. 22 1928

20 UNDERTAKER: Robt. E. Cook — ADDRESS: 1003 West Baltimore St

DEC 22 1928

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 40490 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40490

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1535 Ridgely Rd (St.) 15-51 (Ward)

2-FULL NAME Harriett Raleigh Fox

(a) RESIDENCE. No. 1535 Pimlico Road St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Fox

6 DATE OF BIRTH (month, day, and year) Nov 16. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER Levin Robeson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Martha Raleigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Margaret B. Williams (Address) 1535 Pimlico Road

15 Filed . 19

Registrar

DEC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 12. 1928. to Dec 21. 1928

that I last saw h[illegible] alive on Dec 21. 1928

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Insufficiency ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm A Bullard M. D.

. 19 (Address) 4 1st Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

CHESTERTOWN MD — 12-22 1928

20 UNDERTAKER — ADDRESS

ROBERT T. BROOKS & SON — Calhoun & Hollins

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40491

CERTIFICATE OF DEATH

1—PLACE OF DEATH Nursing Home of Mrs. M. M. Mary — REGISTERED NO. 27-53

CITY OF BALTIMORE: (No. 625 St. John's Road ST. — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha McCluney

(a) RESIDENCE NO. 625 St. John's Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) --

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Martha Anderson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Foster
(Address) 22nd Street

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

DEC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to November 22, 1928, that I last saw her alive on Dec 22/28, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, with right sided paralysis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm. Stuhal M. D.

12/22, 1928 (Address) 1400 Park av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 12/22 19 28

20 UNDERTAKER Henry U. Mears & Son — ADDRESS 805 N. Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 E 40492

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Lakewood Ave ST. 13 WARD)

2—FULL NAME Agnes Mruk

(a) RESIDENCE NO. 628 S. Lakewood Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov, 17/1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Casmier Mruk

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Urbaniak

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14
Informant Catherine Mruk
(Address) 628 S. Lakewood Ave

15
Filed ..... 19 ..... Registrar

FEB 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20-1928

17
I HEREBY CERTIFY, That I attended deceased from July 5, 1927, to Dec 20, 1928.
that I last saw her alive on Dec. 20, 1928
and that death occurred, on the date stated above, at 7:55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray - sputum etc

(Signed) Nathan J. Davidow, M. D.

, 19 (Address) 3035 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Dec 24 1928
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Amity

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40493

CERTIFICATE OF DEATH.

99-001

E 40493

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2207 Essex St. 1-3 Ward)

2-FULL NAME Daniel J. Laskowiak

(a) RESIDENCE NO. 2207 Essex St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec-2-28

7 AGE: Years 19 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Laskowiak

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Poland

12 MAIDEN NAME OF MOTHER Elizabeth Nowak

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country) Md.

14 Informant Mrs. Joseph Laskowiak

(Address) 2207 Essex St

15 Date ..... 19..... Registrar

DEC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec-21-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 19 1928, to Dec 21, 19 28, that I last saw h... alive on Dec-21, 19 28, and that death occurred, on the date stated above, at 5 ... m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

CONTRIBUTORY (Secondary) Cardiac Dilation (duration) yrs. mos. 5 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Reamer M. D.

(Address) 201 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Dec 24 1928

20 UNDERTAKER: John M. Weber ADDRESS: 4702 Old Chester Rd

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T 1500 Bks.

E 40494 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40494

CERTIFICATE OF DEATH. 65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard & Kelly Hospitals (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Joel Edward Dean

(a) RESIDENCE NO. St Petersburg Fla ST., St Petersburgh, Florida WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, (Married), Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Hamm Dean

6 DATE OF BIRTH (month, day, and year) Oct 8, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	57	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rome Georgia

PARENTS

10 NAME OF FATHER: Henry W Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia ?

12 MAIDEN NAME OF MOTHER: Jane Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Lillian H Dean

(Address) St Petersburgh Florida

15 C. HAMPSON JONES, M. D., Registrar

DEC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Dec 21, 1928, that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 11:12 p.m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? biopsy

(Signed) Edmund Kelly M. D.

Dec 21, 1928 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rome Georgia

DATE OF BURIAL: Dec. 22 1928

20 UNDERTAKER: Chas. G. Black

ADDRESS: 42 W. Northave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Flossie Reese

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40495 CERTIFICATE OF DEATH 131 E 40495

BALTIMORE CITY HOSPITALS

1—PLACE OF DEATH [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 12-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose, Flossie

(a) RESIDENCE NO. 635 W. Lee St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of Jesse Reese

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	23	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? S. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed DEC 22 1928 C. HAMPSON JR. Registrar

Phr —

N. B.—WRITE PLAINLY, WITH CAPABLE INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-28

17 I HEREBY CERTIFY, That I attended deceased from 12-12 1928 to 12-20 1928

that I last saw h[illegible] alive on 12-20 1928

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pyonephrosis, Lft

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? P. Autopsy

(Signed) H. M. Stark M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem.	12-23 1928
20 UNDERTAKER	ADDRESS
Byron Wright	1218 N. Eden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40496

CERTIFICATE OF DEATH.

E 40496

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. 8-17 WARD)

2-FULL NAME Mr. Charles Ziese

(a) RESIDENCE NO. 1813 N Castle St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Ziese

6 DATE OF BIRTH (month, day, and year): Sept 9th 1868

7 AGE — Years: 60 — Months: 3 — Days: 11 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Grand Rapids

(c) Name of employer: Furniture Co

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Ziese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herman Ziese

(Address) 138 Fenchurch Terr

15 Filed DEC 2 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/19, 1928, to 12/20, 1928,

that I last saw him alive on 12/20, 1928,

and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) Thos C Stacy Jr, M. D.

, 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 2nd 28

UNDERTAKER: H.B. Hippert — ADDRESS: 1850 N Bond St

MARGIN RESERVED FOR BINDING

NB—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40497

E 40497

CERTIFICATE OF DEATH.

187-006

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Near Eager & Fallsway St., 18-26 Ward)

2-FULL NAME James Pinder

(a) RESIDENCE NO. 1061 Lexington St. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Sep

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 30 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fabr
(b) General nature of industry, business, or establishment in which employed (or employer): Can Co
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Geo Pinder

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Rosa Anderson

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country)

14 Informant: (Rosa Pinder)
(Address)

CHARLES W. JONES, M. D.

DEC 22 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tbc. 2 months
Stated to have Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Dec 22 1926

20 UNDERTAKER: Wm Kate & Wm Sons — ADDRESS 322 E. Lexington St.

MARGIN RESERVED FOR THE BINDER.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 22 1926

Spec.—2-29-28—L. F. S.—500 Bks.

E 40498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-00

E 40498

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mill Race Rd. ST. 1357 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. Giddings

(a) RESIDENCE NO. 1504 Mill Race Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Nov 22, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md. (State or country)

PARENTS

10 NAME OF FATHER John H. Giddings

11 BIRTHPLACE OF FATHER (city or town) md. (State or country)

12 MAIDEN NAME OF MOTHER Georgia Stevens

13 BIRTHPLACE OF MOTHER (city or town) Pa (State or country)

14 Informant John H. Giddings

(Address) 1504 Mill Race Road

15 Filed , 19 Registrar

DEC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 21, 1928, that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 7 h 9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

R. Corner Thrombosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs Symptoms

(Signed) W. D. Dudley M. D.

, 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Dec 22, 1928
20 UNDERTAKER	ADDRESS
Chesnow & Son	2445 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 40499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 40499

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2662 Lauretta Ave Ward 20-69)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine T. Benton.

(a) RESIDENCE NO. 2662 Lauretta Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: James Benton.

6 DATE OF BIRTH (month, day, and year): July - 12 - 1847

7 AGE: Years 81 Months 5 Days 8 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): None.

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Williams Evans

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amanda Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Neva Bradshaw.

(Address) 2662 Lauretta Ave.

15 Filed DEC 22 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25 19 28 to Dec. 21 19 28

that I last saw h alive on Dec. 21 19 28

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocarditis - Uremia

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 22 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dead Island Cemetery - D. I. Md. Date of Burial: Dec. 23-1928

20 UNDERTAKER: Charles J. Schwab ADDRESS 505 N. Monroe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Bks.

Anna M. Ogle

E 40500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40500

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-68 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Ogle.

(a) RESIDENCE NO. 2834 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Ogle,

6 DATE OF BIRTH (month, day, and year): August 2, 1856

7 AGE: Years 72 Months 5 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. H. Wagner,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna K. Dekart,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Joseph Ogle 2834 W. Lanvale St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

DEC 22 1928 Dist

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 19

17 I HEREBY CERTIFY, That I attended deceased from May, 1922 to Dec 21, 1928, that I last saw her alive on Dec 21, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:-

Chronic nephritis.
Chronic myocarditis.

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) generalized arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Wm Mitchell, M. D.

Dec 27 1928 (Address) 290 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL 19

20 UNDERTAKER: Geo W. Little — ADDRESS

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40501

CERTIFICATE OF DEATH.

B | E 40501

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 425 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pietro Spoozzi

(a) RESIDENCE NO. 14 N Pearl St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 38 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant John L. Johnson

(Address) 1416 Eastern Ave.

Dec 22 1928 C. HAMILTON JAMES M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Gilbert M. D.
(Coroner)

12/22, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 22 1928

20 UNDERTAKER: George J. Ruth — ADDRESS 1735 Hayford Rd

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 22 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 40502

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 40502

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 10-14 WARD)

2—FULL NAME James F Cox Jr

(a) RESIDENCE NO. 1303 E. Biddle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	5	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child-none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James F Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Keating

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Sydenham Hosp, records

(Address)

15 Filed ..... 19 ..... Registrar

EC 22 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 21, 1928, that I last saw h[im] alive on Dec 21, 1928 and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Meningitis (B. Influenza)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) [illegible], M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 22, 1928
20 UNDERTAKER	ADDRESS
George L. Rush	1735 Eastern Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40503

CERTIFICATE OF DEATH.

E 40503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Erdman Ave St.) (WARD) 8-45-90

2-FULL NAME Mary A Townsteine

(a) RESIDENCE No. 2827 Erdman Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred April 1920 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Archibald Townsteine

6 DATE OF BIRTH (month, day, and year): 11-23-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73		2P	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oakland Md

PARENTS

10 NAME OF FATHER: August Smithman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Arnkmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: W T Peddicord

(Address): 2827 Erdman Ave

15 C. HARRISON JONES, M. D. Registrar

Pct. 18

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/24 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1925, 19..... to 12-24, 1928.

that I last saw h[illegible] alive on 12-24- 1928

and that death occurred, on the date stated above, at 9.58 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Contributory (duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchus, Cerebral Embolism (duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy, physical findings & [illegible]

(Signed) Franklin S. Gilbert M. D.

, 19 (Address) 332 Richmond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Md — DATE OF BURIAL: 12 23 1928

20 UNDERTAKER: Jos J Stinefort-156 ADDRESS: Eugene

C 22 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

21 940364

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 40504

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Lichz

(a) RESIDENCE No. 1933 Fait st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Europe

PARENTS

10 NAME OF FATHER John [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Hanni Marsisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Records—

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 22 1928 19 C. HAMILTON JONES, M. D. Registrar

By Rhh

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Dec 21, 1928, that I last saw h[illegible] alive on Dec 21, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Excision Colon for Ca (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? 1933 Fayette st

Did an operation precede death? yes Date of Dec 5, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Edward Hinson Jr. M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12-24 1928

20 UNDERTAKER Odk Hill

ADDRESS 136 Eutaw ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Dr Frank Garrett

E 40505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40505

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Frank Garrett

(a) RESIDENCE NO. Rockingham N. C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Ida Garrett

6 DATE OF BIRTH (month, day, and year) 3-27-64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Thomas Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Martha Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Record.

(Address)

15 Filed DEC 23 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23 1928

17

I HEREBY CERTIFY, That I attended deceased from December 1928 to December 23 1928.

that I last saw him alive on December 23 1928.

and that death occurred, on the date stated above, at 12 04 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Auricular fibrillation

Spasmatic Torticollis

(duration) ?. yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Myo Cardial failure (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/7/28

Was there an autopsy? no

What test confirmed diagnosis? General & laboratory

(Signed) R. H. Cooper Jnr M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rockingham N C	Dec 23 1928
20 UNDERTAKER	ADDRESS
John D. Mitchell Sons	1900 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40506 E 40506

CERTIFICATE OF DEATH

38

1-PLACE OF DEATH Balto City Hospt's REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 24 WARD 24

2-FULL NAME Emma Scherer

(a) RESIDENCE NO. 1629 Webster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Separated

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Dec 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER James Willis

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Pinkle

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Balto City Hospt's
(Address)

15 Filed 19 Par RRK Registrar

DEC 23 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1928, to Dec. 22, 1928, that I last saw her alive on Dec. 22, 1928 and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs
Gen. Paralysis of Insane
2 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Henry Goldwasser M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. Bklyn DATE OF BURIAL 12/26 1928

20 UNDERTAKER J. W. Cook ADDRESS 127 S. Paulo

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr J R Magee 3326 Fulton Ave

E 40507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 ✓ E 40507

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 507 Brunswick ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julina T. Trevost

(a) RESIDENCE NO. 507 Brunswick ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced RUSHAND of (or) WIFE of Anna R Trevost

6 DATE OF BIRTH (month, day, and year) May 30, 1882

7 AGE — Years: 46 — Months: 6 — Days: 21 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Union Mem. Hosp

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alphonse Trevost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Constance Lebrun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: Anna R Trevost

(Address): 507 Brunswick St

15 Filed DEC 29 1928, 19 C. HAMILTON JONES Registrar

Per ERK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 19 28, to Dec 21, 19 28, that I last saw h in alive on Dec 21, 19 28 and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Hyperneplroma rt side

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases & Obstruction intestines

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Bronchopneumonia

(Signed) J Duncan Magee M. D.

, 19 (Address) 3326 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 12/24 19 28

20 UNDERTAKER: J H Cook

ADDRESS: 1217 E Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

James Meredith ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

E 40508 E 40508

CERTIFICATE OF DEATH

I—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 24-34 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Meredith, James

(a) RESIDENCE NO. 435? E Monument ST., WARD
(Usual place of abode) 53?

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single ?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1853

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ? (State or country) ? Md

PARENTS

10 NAME OF FATHER ? Samuel ? Meredith

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ? Md

12 MAIDEN NAME OF MOTHER ? Nancy Booze

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ? Md

14 Informant (Address)

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-28

17 I HEREBY CERTIFY, That I attended deceased from 6-7, 19 28, to 12-21, 19 28

that I last saw him alive on 12-21, 19 28

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) over 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Sugar

(Signed) A. M. Shook M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 12/24 19 28

20 UNDERTAKER D. M. Cook

ADDRESS 1214 E Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 40509

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1325 Baltimore Ave St. 25-12 Ward)

2-FULL NAME Chas C. Gillingham

(a) RESIDENCE NO. 1325 Baltimore ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S

6 DATE OF BIRTH (month, day, and year) Jan 17, 1816.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk (Rate)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer M & M Transportation Co

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Wm R Gillingham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Georgia McCoy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mrs. Gillingham

(Address)

15 Filed....., 19 C. HAMILTON JONES

DEC 22 1928 Per CRK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas H Brooks M. D.

(Coroner) S. Wolman

12/10 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 12/24 1928

20 UNDERTAKER J. M. Corbett ADDRESS 1275 Pal St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40510

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2334 Annapolis Rd ST. 25th WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Harry Harvey

(a) RESIDENCE NO. 2334 Annapolis Rd ST., 25th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~HUSBAND~~ Sarah Elizabeth Harvey

6 DATE OF BIRTH (month, day, and year) May 21, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker 084

(b) General nature of industry, business, or establishment in which employed (or employer) Repair work.

(c) Name of employer own shop.

9 BIRTHPLACE (city or town) (State or country) Balto City.

PARENTS

10 NAME OF FATHER Edw. H. Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Caroline Virginia Colling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

14 Informant Sarah Harvey

(Address) 2334 Annapolis Rd

15 Filed DEC 23 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 22, 1928, that I last saw h... alive on Dec 21, 1928 and that death occurred, on the date stated above, at 12.25 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Thos. Lawrence Wheeler M. D.

12/22, 1928 (Address) Lakeland, Laurel P.O. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	12/24 19 28
20 UNDERTAKER	ADDRESS
J. M. Cook	1215 E Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v... important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40511

CERTIFICATE OF DEATH

129 E 40511

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Castle ST., (WARD) 6-17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E. Peters

(a) RESIDENCE NO. 1814 N. Castle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Peters

6 DATE OF BIRTH (month, day, and year): June 7, 1869

7 AGE: Years 59 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joshua H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Theresa M. Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ida M. Miller

(Address): 1814 N. Castle St

15 Filed [illegible] Registrar

C 231928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 20 1928

17 I HEREBY CERTIFY, That I attended deceased from October 31, 1928, to December 20 1928, that I last saw her alive on December 20, 1928 and that death occurred, on the date stated above, at 1050 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arterial Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uraemia & Convulsions

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Allen H. Esquivel M. D.

(Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 24 1928

20 UNDERTAKER: Frank V. Lipsitone — ADDRESS: 2515 E. Pratt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40512

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

65-002

E 40512

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5609 Longwood ST. (WARD) 27-25

2-FULL NAME Jesse M. Upperco Jr.

(a) RESIDENCE NO. 5609 Longwood ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ruth Taylor Upperco

6 DATE OF BIRTH (month, day, and year) March 5 1899

7 AGE: Years 31 | Months 9 | Days 9 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Experimental Work.

(b) General nature of industry, business, or establishment in which employed (or employer): Engineering Dept

(c) Name of employer: Mrs. S. Fowler Co

9 BIRTHPLACE (city or town) (State or country): Upperco. Md

PARENTS

10 NAME OF FATHER: Jesse J. Upperco

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Bell Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Carroll Myers

(Address) 22 S. Payson St

15 Filed DEC 31 1928 H. [illegible], M. D. Registrar

Per

C 231928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Dec 22, 1928, that I last saw him alive on Dec 21st, 1928, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 2 yrs or more mos. ds.

CONTRIBUTORY (Secondary): Secondary Anaemia

(duration) — yrs 6 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hospital Study

(Signed) C. D. Evans, M. D.

12-22-1928 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls, Balto Co. DATE OF BURIAL 12-24-28

20 UNDERTAKER: Edw J Tipton, Hampstead Md ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40513

CERTIFICATE OF DEATH.

11-001 ✓ E 40513

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 6-10 WARD)

2-FULL NAME Lena Weilder

(a) RESIDENCE No. 331 N. Patt park ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 45 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE — Years: 55 — Months: — — Days: — — If LESS than 1 day, hrs. or min.: ...

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Peretz Rebenitzky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fradie Lipman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Weller
(Address): 331 N. Patt. Park ave

15 FILED DEC 23 1928 C. E. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1928

17 I HEREBY CERTIFY, That I attended deceased from 12.21. 1928. to 12.22. 1928.
that I last saw h e alive on 12.22. 1928.
and that death occurred, on the date stated above, at 12'5 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hyman S. Rubinstein M. D.
12/22 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaw Rosedale

DATE OF BURIAL: 12/23 1928

UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40514

CERTIFICATE OF DEATH

74-001 V

E 40514

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6031 Falls Road ST., 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Catherine Stansbury

(a) RESIDENCE NO. 6031 Falls Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard N. Stansbury

6 DATE OF BIRTH (month, day, and year) Sept. 28-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Leonard Neff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lydia Thaemore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. C. Stansbury

(Address) 6031 Falls Road

15 Filed DEC 23 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21-1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Dec. 21, 1928, that I last saw her alive on Dec. 21, 1928, and that death occurred, on the date stated above, at 9.35 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis Right Side of Body

(Natural Causes)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteri-Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Herman R. Plant, M. D.

Dec 21 1928 (Address) 2601 Manhattan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery Balto Co	Dec. 23 1928.
20 UNDERTAKER Horace F. Burgee	ADDRESS 6031 Falls Road

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓

E 40515

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5282 Reisterstown Road ST. 78-63 (WARD)

REGISTERED NO. E 40515

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roland F. Kemp

(a) RESIDENCE NO. 5282 Reisterstown Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 4-1927

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Stanley R. Kemp.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Gertrude M. Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Stanley R. Kemp

(Address): 5282 Reisterstown Road

15 Filed DEC 23 1928, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21-1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1928, to Dec 21st, 1928, that I last saw him alive on Dec 20, 19 28, and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. D.

, 19 (Address) 3912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Dec. 24-1928.

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Road

Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Do not use ditto marks or abbreviations in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40516 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-00 E 40516

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 E. Biddle St. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Connally

(a) RESIDENCE NO 2315 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~
Female	white	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph W Connally

6 DATE OF BIRTH (month, day, and year) Oct 25, 1869

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Solomon Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Brupp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Joseph W Connally

(Address) 2315 E Biddle St.

15 Filed ... Registrar

231928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 21, 1928, that I last saw h[illegible] alive on Dec 20, 1928 and that death occurred, on the date stated above, at 1 1. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos F A Stevens, M. D.

12/22/1928 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 24 1928

20 UNDERTAKER Robt J Turner

ADDRESS [illegible]

Be sure to print plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40517
1—PLACE OF DEATH

CERTIFICATE OF DEATH

57 ✓ E 40517
REGISTERED NO.

CITY OF BALTIMORE: (No. 1321 West North ave ST. 14-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Lillie Harman

(a) RESIDENCE NO. 1321 West North ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Bernard Harman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland Germany

12 MAIDEN NAME OF MOTHER Jeannette Hamburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Miss Lillie Harman

(Address) 1321 W North ave

DEC 23 1928

Filed 19

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 19 28, to Dec. 23, 19 28, that I last saw h[illegible] alive on December 23, 19 28, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home of wife

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank R. Di Paula, M. D.

, 19 (Address) 1823 West North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	12/26 19 28

20 UNDERTAKER Dan Goodheim

ADDRESS 1101 W Lafayette Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 40518

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

CERTIFICATE OF DEATH

E 40518

1—PLACE OF DEATH Marlborough Apartments

CITY OF BALTIMORE, (No. Milton & Eutaw ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca L. Lowenstein

(a) RESIDENCE NO. Milton & Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced RUSBAND of (or) WIFE of David Lowenstein Jr

6 DATE OF BIRTH (month, day, and year) Dec 22-1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Lissinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Libby Mandelbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Winchester Va

14 Informant C Lissinger

(Address) Baltimore

15 Filed DEC 29 1928, 19 H. Wade Hough M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 22, 1928, that I last saw h[illegible] alive on Dec. 22, 1928 and that death occurred, on the date stated above, at 4:27 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

9 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Wade Hough M. D.

, 19 (Address) 1730 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — DATE OF BURIAL 12/29 1928

20 UNDERTAKER David Londeree — ADDRESS 1000 Mt Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40519

CERTIFICATE OF DEATH

90 E 40519

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1640 N. Smallwood St. (WARD) 5 21

2—FULL NAME Morris Caralier

(a) RESIDENCE NO. 1640 N. Smallwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

(a) If married, widowed or divorced HUSBAND of (or) WIFE of: Dina Caralier

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 66 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Benj Caralier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sam Caralier

(Address): 1640 N. Smallwood St

15 Filed DEC 23 1928 H. LLOYD JONES, M. D. Registrar

Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/22/28

17 I HEREBY CERTIFY, That I attended deceased from Nov, 10 . 1928 . to Dec, 23 . 1928 .

that I last saw h in alive on Dec, 22 . 1928

and that death occurred, on the date stated above, at 5:50 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - psychosis

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary): Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Abraham Schapiro, M. D.

, 19 (Address) 2028 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Union

DATE OF BURIAL: 12/24 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E. Baltimore St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40520

CERTIFICATE OF DEATH

46 E 40520

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Morland Ave ST. WARD) 15-68

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Chalmers

(a) RESIDENCE NO. 1701 Moreland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Chalmers

6 DATE OF BIRTH (month, day, and year) Oct 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Alexander Rosenstadt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis
(Address) 1439. East. Baltimore St

15 Filed [illegible] In [illegible] Registrar

C 23198

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Dec. 22, 1928, that I last saw her alive on Dec. 21, 1928 and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Uterus

Approximate (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) sarcomatous metastases (duration) yrs 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Operation done 1926

(Signed) Wallerbroonman M. D.

12/27, 1928 (Address) 2349 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 12/30 1928

20 UNDERTAKER Jack Lewis 1439. E. Balto. St

ADDRESS

Be brief in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 40521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40521

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Aves (ST.) 90-68 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Willis Hille

(a) RESIDENCE No. 2309 Mosher St

(Usual place of abode) ST. WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Aug 29. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Charles H. Hille

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER [illegible] Stahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Daughter Mrs Leo Flynn) (Address) 2309 Mosher St.

15 Filed DEC 23 1928 19 C. HAMPSON JONES M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 19 28, to Dec 22, 19 28,

that I last saw h alive on Dec 22, 19 28,

and that death occurred, on the date stated above, at 5.05 A m.

The CAUSE OF DEATH* was as follows:

Brain hemorrhage (intra capsular)

(duration) 12. hrs

CONTRIBUTORY (Secondary) Hemiparesis arteriosclerosis (duration) ? yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam & History

(Signed) A. W. Erickson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park 12/28/28 DATE OF BURIAL 19

20 UNDERTAKER Franklin & Son ADDRESS 7 W 33rd

IMPORTANT—This record should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40522

CERTIFICATE OF DEATH.

E 40522

21-55-90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5724 Clover Road St. 21 Ward)

2-FULL NAME William H. Schellenberger

(a) RESIDENCE NO. 5724 Clover Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ —

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bennett

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Schellenberger

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Mrs. Bennett

(Address) 5724 Clover Road

Filed DEC 29 1928 C. HERMON [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15th 1928 to Dec 21 1928

that I last saw h[illegible] alive on Dec 28 1928

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis 5

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthenia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. Wallace Thomas M. D.

Dec 28 (Address) 1228 N Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

Date of Burial: 12/31 1928

20 UNDERTAKER: Chas P Brawerton

ADDRESS: 1118 N Eutaw

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40523 — 101-001 ✓ — E 40523

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 661 (Street) Pierce ST. 1725 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude McCarkle

(a) RESIDENCE NO. 661 (Usual place of abode) Pierce ST., WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. McCarkle

6 DATE OF BIRTH (month, day, and year): Oct. 23 1905

7 AGE — Years: 23 — Months: 9 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wiley H. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Brann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm. McCarkle

(Address): 661 Pierce St.

15 Filed 2-31928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 20, 1928, that I last saw h[illegible] alive on Dec 20, 1928 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical examination

(Signed) Wm H. Watts, M. D.

Dec 22 1928 (Address) 928 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 12-23-28

20 UNDERTAKER: Mrs D. A. Elliott — ADDRESS: 1725 Ashland Ave

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Eliza P. Simmons ✓

E 40524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40524

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza P. Simmons,

(a) RESIDENCE NO. 2809 Elmont Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Simmons.

6 DATE OF BIRTH (month, day, and year) April 10, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 19 27, to Dec 29th, 19 28

that I last saw h er alive on Dec 22nd, 19 28

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

~~Chronic~~ Interstitial Nephritis.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) One yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Wilbur T. Sherman, M. D.

19 (Address) 6 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Miss B. McGeary (Address) 2203 Eutaw Pl.

15 Filed 19 Registrar

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Shd Urbana, Frederick Co

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

C 23 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40525 74-08 E 40525

CERTIFICATE OF DEATH.

E 40525

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4601 Wilmslow St. (Ward) 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel D. Dolan

(a) RESIDENCE NO. 4601 Wilmslow St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Dolan

6 DATE OF BIRTH (month, day, and year): Aug 1862

7 AGE: Years 66 Months H Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Self 013

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: James Dolan

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Gloe

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Mrs. Anna E. Dolan

(Address) 4601 Wilmslow St

15 Filed DEC 27 1928 H. Ellman Long M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to D. death on the day stated above.

The CAUSE OF DEATH* was as follows:

D. B. Fleet

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

12/26, 1928 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 12/29 1928

20 UNDERTAKER: [illegible] ADDRESS 1214 E. Oak St

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40526

CERTIFICATE OF DEATH

101-091

E 40526

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 26-37 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Card, Roland

(a) RESIDENCE NO. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): Oct 27 1864

7 AGE: Years 64 | Months — 1 | Days — 25 | If LESS than 1 day, — hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: William ? Card

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Emerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant

(Address)

15 Filed DEC 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-22-28

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1928, to 12-22, 1928, that I last saw him alive on 12-22, 1928, and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic: Auricular Fibrillation (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. F. W. Hunt M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/26 1928

20 UNDERTAKER: W. E. Cook — ADDRESS: 1217 E. Fayette St

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40527

CERTIFICATE OF DEATH

129

E 40527

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 128 Scott ST. 18-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia M. Cochran

(a) RESIDENCE NO. 128 Scott ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard D. Cochran

6 DATE OF BIRTH (month, day, and year) Aug. 19 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Dickinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Willington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jesse E. Cochran

(Address) 128 Scott St

15 Filed DEC 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19 28. to Dec 22. 19 28.

that I last saw h[illegible] alive on Dec 22. 19 28

and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sutherland Dunn

(Signed) [illegible] M. D.

. 19 (Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 12/26 1928

20 UNDERTAKER D. M. Cook — ADDRESS 1217 St. Paul St

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Lingwald. Ind Carpenter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40528

CERTIFICATE OF DEATH

48 ✓

E 40528

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2239 E. Chase ST., 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Curtain

(a) RESIDENCE NO. 2239 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B Curtain

6 DATE OF BIRTH (month, day, and year): June 29, 1854

7 AGE: Years 74 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Curtain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Leon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

11 Informant: Mrs Mary Curtain

(Address) 2239 E Chase St

15 Filed DEC 24 1928 19 HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1928

17

I HEREBY CERTIFY, That I attended deceased from ~~December 14~~ 19 ~~28~~ to Dec. 24, 1928, that I last saw ~~him~~ alive on ~~Dec.~~ 21, 1928 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ear, (right) (External).

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) E. G. Lingwald, M. D.

12/24/1928 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Lukes	Dec 26 1928
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

Spec.—1-12-23—M&T—500 Bks.

E 40529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-30 WARD)

REGISTERED NO. 185 E 40529

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Martha Hobbs

(a) RESIDENCE NO. Wilmington Del. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Geo. P. Hobbs

6 DATE OF BIRTH (month, day, and year): June 30, 1847

7 AGE: Years 81 | Months 5 | Days 22 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Fiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Old age. Gallstones. Contributory arteriosclerosis.

14 Informant: Laura A. Poulson

(Address) 526 N. 4th St. Wilmington Del.

15 Filed C 24 1928 (19) H. [illegible] Taylor Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-22-1928

17

I HEREBY CERTIFY, That I attended deceased from 11-19, 1928, to 12-22, 1928, that I last saw h[illegible] alive on 12-22, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Fracture Left femur

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Terminal Lobular pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) A. Vincent Davis M. D.

12-27-1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bridgeville Del.

DATE OF BURIAL: 12 29 1928

20 UNDERTAKER: Harry F. Witzke

ADDRESS: 531 N. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40530

CERTIFICATE OF DEATH

129 E 40530

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 305 N. Fulton Ave., ST. 14-27 WARD)

2—FULL NAME Ella T. Kavanaugh

(a) RESIDENCE NO. 305 N. Fulton Ave., ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Kavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Liverpool, England

12 MAIDEN NAME OF MOTHER Sarah E. Betts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk, Va.

14 Informant John Kavanaugh

(Address) 305 N. Fulton Ave

15 Filed DEC 24 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 31st., 19 28, to December 22, 19 28,

that I last saw her alive on December 22, 19 28

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 2 Yrs

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw V Cronkhite M. D.

12/23, 1928 (Address) 24 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/24 1928

20 UNDERTAKER Fred A. Wanerson

ADDRESS 703 Hanover

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 40531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 George ST., 17-76 WARD)

2-FULL NAME Louise Carter

(a) RESIDENCE NO. 771 George ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Carter

6 DATE OF BIRTH (month, day, and year): Feb 28, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co Md.

PARENTS

10 NAME OF FATHER: James A. Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co Md.

12 MAIDEN NAME OF MOTHER: Sarah Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Md

14 Informant: Edward Brooks

(Address): 771 George St

15 Filed ..... 19 ..... Registrar

DEC 24 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 21, 1928, that I last saw her alive on Dec 21, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam

(Signed) Mark E. Magaw M. D.

Dec 27, 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Dec. 24 1928

20 UNDERTAKER: Mrs Kate R. Williams — ADDRESS 322 W. Schroeder

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40532

CERTIFICATE OF DEATH.

101-001

E 40532

1-PLACE OF DEATH

City of BALTIMORE: (No. 930 N. Vincent St. 16-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm P. Holland

(a) RESIDENCE NO. 930 N. Vincent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Nov 14 1928

7 AGE: Years — Months: 1 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Ruth Sterner

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: Lillian Holland

(Address) 1831 Lorraine St

15 Filed C H [illegible] M. D. Registrar

Per R Hall

DEC 24 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Luck M. D.

(Coroner)

(Address) North Ave & Dun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Dec 29 1928

20 UNDERTAKER: Sam'l R. Chase Sons — ADDRESS: 1130 Madison

If death occurred in a hospital or institution, the person in charge of same should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 E Lexington ST. 5-8 WARD)

REGISTERED NO. 75 E 40533

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew Langley

(a) RESIDENCE NO. 1125 E Lexington ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Langley

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 41 — Months: — Days: — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Woodley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Robert Charles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Nellie Langley (Address): 1125 E Lexington St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 19 28, to Dec 21, 19 28, that I last saw h[illegible] alive on Dec 21, 19 28, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 23 ds.

CONTRIBUTORY (Secondary): —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

(Address) 508 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 12/25 19 28

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

THION is very important See instructions on back of certificates.

Dec 24 1928

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40534

CERTIFICATE OF DEATH

101-001 E 40534

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 15-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter A Hearn

(a) RESIDENCE NO. 3615 Forrest Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Effie J. Hearn

6 DATE OF BIRTH (month, day, and year): Apr. 3, 1865

7 AGE: Years 63 Months 8 Days 17 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President

(b) General nature of industry, business, or establishment in which employed (or employer): Plate Window Cleaning Co

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Howard Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Richard Hearn

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Rebecca Ford

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Co

(State or country): Md

14 Informant: Mrs. Effie J. Hearn

(Address) 3615 Forrest Park Ave

15 Filed DEC 24 1928 19 H. [illegible] James M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20/28

17 I HEREBY CERTIFY, That I attended deceased from 12/17/28, 19..., to 12/20/28, 19..., that I last saw h.. alive on 12/20/28, 19..., and that death occurred, on the date stated above, at 6 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead M. D.

12/20 1928 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

Date of Burial: Dec 22 1928

20 UNDERTAKER: Wm Pickett Sons

ADDRESS: Howard

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E-40535

1-PLACE OF DEATH

REGISTERED NO. E 40535

City of BALTIMORE: (No.) 580 Halwyn Ave St. 27-48 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry H. Raymond

(a) RESIDENCE NO. 580 Halwyn Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lela K. Raymond

6 DATE OF BIRTH (month, day, and year): March 12th 1880

7 AGE — Years: 48 | Months: 9 | Days: 10 | If less than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baggage Master

(b) General nature of industry, business, or establishment in which employed (or employer): B. O. R.R.

(c) Name of employer

9 BIRTHPLACE (City or town): Stepney

(State or country): Md

PARENTS

10 NAME OF FATHER: Henry A. Raymond

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary E. Osborn

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Maryland

14 Informant (Mrs.) Lela K. Raymond

(Address) 580 Halwyn Ave

15 Filed ..... 19 ..... Registrar

DEC 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22nd 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 22, 1928

that I last saw him alive on Dec 21, 1928

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Can

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Dr. H. Pearce, M. D.

Dec 22nd 1928 (Address) 2105 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF DISPOSITION OR REMOVAL: Interred Ferncliff Md Date of Burial Dec 24 28

20 UNDERTAKER: Henry Farrell & Son ADDRESS Aberdeen Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40536

CERTIFICATE OF DEATH.

11-001

E 40536

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 300 Altemonte St. 3-5 Ward)

2-FULL NAME Michael Wasilefski

(a) RESIDENCE. No. 300 Altemonte St.. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Autumn

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	38 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber

(c) Name of employer James Lumber Co.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) George Kovacs 300 E. Altemonte

15 Filed 24 1928, 19 C. HAMPSON JONES, Registrar, M. D.
Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1928, to Dec. 22, 1928, that I last saw him alive on Dec. 21, 1928, and that death occurred, on the date stated above, at about 4 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? History, Symptoms & Physical

(Signed) H. A. Smith, M. D.

12-22-28, 192 (Address) 1300 E. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	Dec 24 1928

20 UNDERTAKER Randall & Lippert ADDRESS 300 E. Oliver

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Name of disease should state

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40537 BALTIMORE CITY HOSPITALS 12 E 40537

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST 12-56 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herring, Howard

(a) RESIDENCE NO. 616 Hillsdale Ave ST., WARD

(Usual place of abode) 429 Lorraine Ave

Length of residence in city or town where death occurred . yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years 55 | Months — | Days — | If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman Obb

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Brigonal Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Md.

12 MAIDEN NAME OF MOTHER: Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Md

14 Informant: (Address) BALTIMORE CITY HOSPITALS

15 Filed 2 4 1928 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-20-28

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-20, 1928, that I last saw h[redacted] alive on 12-20, 1928, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Syphilis (C.V.S. Tabes dorsalis)

CONTRIBUTORY (Secondary) (duration) ? yrs. mos. ds. None

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) P. M. Yeh, M. D.

, 19 BALTIMORE CITY HOSPITALS

*State the Disease [redacted] Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 24 1928

20 UNDERTAKER: Geo. L. Potts — ADDRESS: 1735 Harford

Important: See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40538

CERTIFICATE OF DEATH

90 E 40538

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 N. Montford Ave. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fredrick Schulze.

(a) RESIDENCE NO. 1835 N. Montford Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced,~~ (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Schulze

6 DATE OF BIRTH (month, day, and year): Jan. 23 1863

7 AGE — Years: 65 — Months: 11 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor.

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Christian Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Caroline Gail

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Marie Schulze

(Address) 1835 N. Montford ave.

15 Filed DEC 24 1928 HEALTH DEPT. CITY OF BALTIMORE

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 19 28, to Dec 23, 19 28, that I last saw h[illegible] alive on Dec 22, 19 28, and that death occurred, on the date stated above, at 2-30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Lesion and Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Evans, M. D.

19 (Address) 1218 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery.

DATE OF BURIAL: Dec 26 1928

20 UNDERTAKER: Dyer - J. Ruth

ADDRESS: 1735 Harford ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40539 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40539

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2108 E. Baltimore St) (ST.) 6-10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Sapperstein

(a) RESIDENCE NO. 2108 E. Baltimore St.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gershen Sapperstein

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE — Years: 53 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hirsh Bersoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E. Balto St

15 Filed DEC 24 1928, 19 H. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/24/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 24, 1928, that I last saw her alive on Dec 24, 1928 and that death occurred, on the date stated above, at 12 o a m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Miller, M. D.

12/24, 1928 (Address) 1613 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: 12/24, 19 28

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto St

INSTRUCTIONS ON BACK OF CERTIFICATE

Typewriter

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40540

CERTIFICATE OF DEATH.

90

E 40540

REGISTERED NO.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 423 East St., St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Masemore,

(a) RESIDENCE NO. 423 East St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Thos Masemore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Miss Karcher

(Address) 2803 Bennett st

15 Filed 19 C. HAMPSON JONES M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

Dec 23, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown, Balto, Co. Date of Burial December 1925

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40541

CERTIFICATE OF DEATH.

1429 E 40541

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 E. Preston St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lee Bray

(a) Residence No. 713 E. Preston St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 18 1878

7-AGE 50 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer) United Ry

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Va

PARENTS.

10-NAME OF FATHER, Charles Bray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va

12-MAIDEN NAME OF MOTHER, Mary Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va

14- (Informant) Mrs Bray

(Address) 502 E 33rd St

15- Filed DEC 24 1928 C. HUNTON JONES, M. D. Registrar.

Par

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 23-28

17- I HEREBY CERTIFY, That I attended deceased from May 3 1928 to Dec 23 1928 that I last saw h[illegible] alive on Dec 23 19 28 and that death occurred, on the date stated above, at [illegible] o.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, High Blood Pressure

Chr Ent Nephritis

Chr Myocarditis

(Duration) 1+ yrs. mos. ds

CONTRIBUTORY (Secondary) Acute cardiac decompensation

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop M. D.

Dec 23, 1928 (Address) 501 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. West Lawn Va

DATE OF BURIAL. DEC 24 19 28

20-UNDERTAKER Wm Marshall

ADDRESS 3589 Edmondson Ave

Instructions on back of certificates. Entries must in every case be properly classified. Exact statement of OCCUPATION is very important. See

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40542

CERTIFICATE OF DEATH

31 E 40542

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1736 McCulloh St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Fields

(a) RESIDENCE NO. 1736 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 8—1901

7 AGE: Years 27 Months 7 Days 13

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer

9 BIRTHPLACE (city or town) Oxford, N. C.

(State or country)

PARENTS

10 NAME OF FATHER Essy Fields

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Rosie Young

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Minnie Fields

(Address) 1736 McCulloh St

15 Filed 1-24-1928 19 Clinton Jones M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

December 21

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 21, 1928

that I last saw her alive on Dec 20, 1928

and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) W H Sutcher M. D.

12/24. 1928 (Address) 828 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 12/24/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.- 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40543

CERTIFICATE OF DEATH.

90 E 40543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Schley ave ST., 27-41 (WARD)

2-FULL NAME Robert Henry Hellwig

(a) RESIDENCE NO. 4505 Schley ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hellwig

6 DATE OF BIRTH (month, day, and year) March 15th 61

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Hellwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Byers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Mary E Hellwig

(Address) 4505 Schley ave

15 Filed DEC 24 1928 C. H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, to Dec 24, 1928, that I last saw him alive on Dec 20, 1928, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) - yrs. - mos 2 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) J Edw Talbott, M. D.

12/27, 1928 (Address) 1355 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet cemetery Elkridge md

DATE OF BURIAL Dec 27 1928

20 UNDERTAKER W M Loxton

ADDRESS 2238 N [illegible]

IMPORTANT: Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40544

CERTIFICATE OF DEATH.

168

E 40544

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 S Washington St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H Collison

(a) RESIDENCE NO. 605 S Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Collison

6 DATE OF BIRTH (month, day, and year) Sept 14, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigging &

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Harrison Dry Dock Co

9 BIRTHPLACE (city or town) Stockholm

(State or country) Sweden

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Mary Collison

(Address) 605 S. Washington St

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) probably Insane (duration) Sudden yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

~~599~~ 605 S Washington

Former or usual residence 605 S Washington

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery Date of Burial Dec. 24 1928

20 UNDERTAKER Henry Sauer & Sons Inc ADDRESS Baltimore St & Broadway

OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificate. Exact statement of OCCUPATION is

DEC 27 1928

Spec.—1-10-21—M&T—1500 Blks.

E 40545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001

E 40545

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 University Parkway ST. WARD)

2-FULL NAME Mary Cushing Howard

(a) RESIDENCE No. 835 University Parkway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~ or ~~divorced~~ (01) HUSBAND of (or) WIFE of: Dr Wm T. Howard Jr

6 DATE OF BIRTH (month, day, and year): March 3rd 1869

7 AGE: Years 59 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Dr. P. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary E. Whitridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Dr. W. T. Howard

(Address) 835 University Parkway

Filed DEC 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-22, 1928, to 12-23, 1928, that I last saw her alive on 12-23, 1928, and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Confirmed by Dr. Prov. R. Brown

(Signed) Sidney Hillman, M. D.

, 19 (Address) Cleveland Building Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: Dec 26 1928

20 UNDERTAKER: Henry Hankins & Son ADDRESS: Eutaw & Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 40546 — REGISTERED NO. E 40546

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2911 Shirley ave ST. 27-44 WARD)

2—FULL NAME J. Gordon Bennett, Jr.

(a) RESIDENCE NO. 2911 Shirley ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER J. Gordon Bennett Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mamie Eckels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant J. Gordon Bennett Jr

(Address) 2911 Shirley Ave. Balto, Md.

15 Filed Dec 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23-1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 23, 1928

that I last saw h alive on Dec 23, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushman, M. D.

Dec 23 1928 (Address) J H Cushman 105

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park cem	Dec 26 1928
20 UNDERTAKER George W Finkler	ADDRESS 1734 E Eager

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40547

CERTIFICATE OF DEATH

E 40547

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 S. Clinton ST. 1-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline A. Gluth

(a) RESIDENCE NO. 1333 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gluth

6 DATE OF BIRTH (month, day, and year) June 31 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant John Gluth

(Address) 1333 S Clinton St

15 Filed 2 4 1928 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 23, 1928, that I last saw ~~her~~ alive on Dec 23, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ~~1 yr~~ 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Rupard M. D.

12/24, 1928 (Address) 2201 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetary

DATE OF BURIAL Dec 26 1928

20 UNDERTAKER George W Jenkins

ADDRESS 1737 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40548

CERTIFICATE OF DEATH.

103
18 E 40548

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Balt City Hospital St. 1-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius M Berger

(a) RESIDENCE NO. 509 S. Ellwood St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 12. 1918

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	9		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer

9 BIRTHPLACE (city or town) Balt City

(State or country)

PARENTS

10 NAME OF FATHER Julius M. Berger Sr

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna K. Schoenbs

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto. Md

14 Informant Anna K. Berger

(Address) 509 E. Ellwood Ave

15 Filed DEC 24 1928 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture base of Skull auto accident

(duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary) & Trau Hemorrhage (duration) yrs. mos. ds.

(Signed) James M. Benton M. D. (Coroner)

12/23 1928 (Address) Your chase Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Philadelphia Rd Balto City

Former or usual residence 509 S. Ellwood Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — Date of Burial: Dec 26 1928

20 UNDERTAKER: George W. Zirkin — ADDRESS: 1737 E. Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 40549

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 40549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 N. Milton Ave 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores C. Schmidt

(a) RESIDENCE NO. 1612 N. Milton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 22, 1927

7 AGE — Years: 1 — Months: 9 — Days: 0 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank M. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary C. Gosnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mary C. Schmidt (Address): 1612 N. Milton Ave

15 Filed Dec 24 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1928, to 12/22, 1928, that I last saw h[illegible] alive on 12/22, 1928, and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Lotti M. D.

(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec 26 1928

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E Eager St.

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Remington

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40550

E 40550

CERTIFICATE OF DEATH.

162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 10-15 W D)

2-FULL NAME Baby Remington

(a) RESIDENCE NO. 1001 Warden Ave. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Dec 20, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: David Remington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Finnegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Husband David Remington 1001 Warden Ave.

15 Filed DEC 24 1928 H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12.22.1928

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 12/22, 1928.

that I last saw h— alive on 12/21, 1928.

and that death occurred, on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

Prematurity family (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Costagno, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Md

DATE OF BURIAL: 12/24/1928

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 924 E. Eager St.

TION is very important See instructions on back of certificates.

Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40551

E 40551

100-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Schmidt

(a) RESIDENCE NO. 4115 Gelser ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fanny Schmidt

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed DEC 26 1928, 19 For [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/28

17

I HEREBY CERTIFY, That I attended deceased from 11/30, 19 28 to 12/23, 19 28, that I last saw h— Alive on 12/23, 19 28 and that death occurred, on the date stated above, at 4:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Sepsis

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. M. Finch, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Dec 26 19 28
20 UNDERTAKER	ADDRESS
Wm C. Miller & Son	1311 Wilkens Ave

Spec.—1-12-23—M&T—500 Bks.

E 40552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-08 E 40552

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Madison ST. 7-13 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorain Keene

(a) RESIDENCE NO. 1532 Madison ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20. 1927

7 AGE — Years: 1 — Months: 8 — Days: 3 — If LESS than 1 day, hrs. or min.: 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Roach Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Anne Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Anne Keene
(Address) 523 Madison St

15 Filed DEC 24 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1928, to 12/24, 1928, that I last saw h alive on 12/23, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
1 wk
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

12/24 1928 (Address) 1424 Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bay Hill cemetery Annap. — DATE OF BURIAL: 12/27 1928

20 UNDERTAKER: Chas. E Hicks — ADDRESS: 1434 McCulloh

IMPORTANT See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 40553 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40553

CERTIFICATE OF DEATH. 179

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2601-N. Calvert ST., 12-50 (WARD)

2-FULL NAME Elmer Ellsworth Herring

(a) RESIDENCE No. 2601-N. Calvert ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? 67 yrs. 5 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Evelyn C. Herring

6 DATE OF BIRTH (month, day, and year) July-1-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	5	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture
(c) Name of employer Nifgirs Agent.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Original Herring

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Gilthorpe

13 BIRTHPLACE OF MOTHER (city or town) York (State or country) Penna.

14 Informant Mrs Evelyn C. Herring (wife)
(Address) 2601-N. Calvert St

15 DEC 24 1928 19 FRANKLIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Dec 23, 1928, that I last saw h[illegible] alive on Dec 23, 1928, and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:
Chronic Inter. Endocarditis
Chronic Nephritis
(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? L

(Signed) Jefferies Bruce M. D.

12/24 1928 (Address) 200 S. Clinton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec-26 1928.

20 UNDERTAKER Stewart Morse & Co — ADDRESS Balto.

DEC 24 1928 Registrar

TION IS very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40554 HEALTH DEPARTMENT—CITY OF BALTIMORE

49

CERTIFICATE OF DEATH

E 40554

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 W North Ave WARD) 15-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Boeckner

(a) RESIDENCE NO. 1653 W North Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widower

..a If married, widowed, or divorced HUSBAND of (or) WIFE of Trenheller

6 DATE OF BIRTH (month, day, and year) Dec 25. 1861.

7 AGE Years 66 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician & Organ

(b) General nature of industry, business, or establishment in which employed (or employer) Piano-Organ

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas C Boeckner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Schleins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. A Boeckner

(Address) 1653 W North Ave

15 Filed DEC 24 1928 19 C. HAMPSON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927 to Dec 21, 1928

that I last saw h alive on Dec 21, 1928

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Epithelioma left Kidney

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Nov 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Surgical

(Signed) M. D. Trulinger M. D.

12-23-1928 (Address) 682 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 24 1928

20 UNDERTAKER Leo A Deffer

ADDRESS 1600 W. Baltimore Balto. Md.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40555 E 40555

CERTIFICATE OF DEATH

66

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1009 N. Front St. Ward 5-8)

2-FULL NAME Henry Smith

(a) RESIDENCE NO. 1009 N. Front St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15. 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co Md

(State or country)

PARENTS

10 NAME OF FATHER Ed Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Ed Smith

(Address) 3624 Orchard

Filed DEC 24 1928 C. Hilton Jones Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. A. Kolb M. D.

(Coroner)

, 19 (Address) 639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Dec 26 1928

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford Av

OR DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40556

CERTIFICATE OF DEATH.

31

REGISTERED No. E 40556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Carpenter

(a) RESIDENCE NO. 905 Park ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernard Carpenter

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ed Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Irene Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed Dec 24 1928 19 H. W. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 19 28, to Dec. 20, 19 28,

that I last saw h er alive on Dec. 20, 19 28,

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry C Smith, M. D.

Dec 20, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/24 19 28

20 UNDERTAKER Edward Knowles

ADDRESS 1778 Bolton

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40557

CERTIFICATE OF DEATH.

88 ✓ E 40557

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Alphonsus Andrews

(a) RESIDENCE NO. Baltimore Md St. Ward

(Usual place of abode) 1504 (If transient or stranger give city or town and State)

Length of residence in city or town where death occurred about 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863?

7 AGE: Years: about 65 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Annapolis, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mr. Hilton Andrews

(Address) 235 Pine St.

15 Filed DEC 24 1928

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Charles O. Brooke M. D.

(Coroner) 3 W. Saratoga St.

12/, 1928 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12/19 1928

20 UNDERTAKER: Samuel Hemsley ADDRESS 528 N. Eutaw

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40558

CERTIFICATE OF DEATH.

74-081 E 40558

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2668 Wilkens ave St. 20-69 Ward)

2-FULL NAME Wm J. Shepperd

(a) RESIDENCE NO. 2668 Wilkens ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Wh	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6 DATE OF BIRTH (month, day, and year) Nov 19th 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Empire Collecting Agency

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER John Shepperd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger

12 MAIDEN NAME OF MOTHER Elizabeth Holmes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger

14 Informant Mary Shepperd

(Address) 2668 Wilkens ave

15 Filed Dec 28 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas O'Donnell M. D.

(Coroner) 12/23 1928 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

(Where was disease contracted, if not at place of death?)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Dec 26th 28

20 UNDERTAKER Fl. Hilgart ADDRESS 1850 W Balto St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

2 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40559 — CERTIFICATE OF DEATH — E 40559

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. St Agnes Hospital WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Phillips Cohyl

(a) RESIDENCE NO. Linden Ave Catonsville WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 7 mos. 26 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie C. Cohyl

6 DATE OF BIRTH (month, day, and year): Nov 26th 1885

7 AGE: Years 43 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Wellmery

(c) Name of employer: H. Wallenstein

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Julius Cohyl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lillie C. Cohyl (Address) Linden Ave Catonsville

15 Filed ....., 19 ..... Registrar: CHANDLER JONES, M.D.

241928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1928, to Dec 21st, 1928.

that I last saw him alive on Dec 21st, 1928 and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Influenza;
Acute Appendicitis Perforated
Peritonitis

(duration) ..... yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 21-28

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Benj O McCleary, M. D.

12/22, 1928 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Linden Park Cemetery — DATE OF BURIAL: Dec 24 1928

UNDERTAKER: H. D. Wiseheart — ADDRESS: 1850 W Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40560

CERTIFICATE OF DEATH

90

E 40560

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Wilhelm ST. 20-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Staubitz

(a) RESIDENCE NO. 2004 Wilhelm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine A. Staubitz

6 DATE OF BIRTH (month, day, and year): May 23-1846

7 AGE: Years 82 | Months 6 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: Wm Staubitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katherine A. Staubitz

(Address) 2004 Wilhelm St

15 Filed Dec 24, 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24th 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Dec 20, 1928.

That I last saw h alive on Dec 19, 1928

and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Myocarditis, Cardiac Dilatation

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) James D. Craig M. D.

12/24/28 (Address) 1714 K Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec 24 1928

20 UNDERTAKER: H. O. Hilgert

ADDRESS: 1850 W Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40561

CERTIFICATE OF DEATH.

17 E 40561

REGISTERED NO.

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Lanvale & Aisquith ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Schukraft

(a) RESIDENCE NO. 1705 E 25th ST., Baltimore Md.
(Usual place of abode) WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 3 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elisabeth Mitchell

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 088

(c) Name of employer: Fairfield Dairy

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Not obtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant (Address): Mrs. John J. Schukraft, 1705 E. 25th Street

15 Filed 12 24 1928, 19 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-7-28, 19 , to 12-23-28, 19

that I last saw living on 12-23-28, 19

and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Appendicial Abscess

(duration) yrs mos 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) yrs Sudden ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-11-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) M B Kendrick, M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 12/26 19 28

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N Calvert

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-081 E 40562

1—PLACE OF DEATH

REGISTERED NO. 25436

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2103 Annapolis Ave ST. 25th (WARD)

2—FULL NAME Samuel Wilson French.

(a) RESIDENCE NO. 2103 Annapolis Ave ST. 25th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of the late Jennie R. French.

6 DATE OF BIRTH (month, day, and year) Jan 13, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Poole & Hunt.

(c) Name of employer machine shop.

9 BIRTHPLACE (city or town) (State or country) Baltimore City.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Harrie L French

(Address) 2103 Annapolis Ave

15 Filed ..... 19 ..... C. HERBERT JONES, M. D. Registrar

DEC 24 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1928, to Dec 24, 1928, that I last saw him alive on Dec 23, 1928 and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) Thamuel Wheeler M. D.

Dec 27, 1928 (Address) 2910 Rollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Dec 28 1928
20 UNDERTAKER Charles H Kechner	ADDRESS 153 Rollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40563

CERTIFICATE OF DEATH.

161-42 40563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dei

(a) RESIDENCE NO. Parkville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 24 1928

7 AGE Years Months Days If LESS than 1 day hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. - Maryland

PARENTS

10 NAME OF FATHER Martin Dei

11 BIRTHPLACE OF FATHER (city or town) Frederick Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Goldie Talbott

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Maryland

14 Informant Martin Dei

(Address) Parkville Md.

15 [illegible] 24 1928

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/21/28 to 19

that I last saw h alive on 19

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Birth trauma

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary)

Asphyxia (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? no Date of c

Was there an autopsy? no

What test confirmed diagnosis? c

(Signed) F. D'Adagna, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar Grove Cemetery — DATE OF BURIAL: Dec 24 1928

20 UNDERTAKER: Frederick Lassahn Sons — ADDRESS: Fullerton

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40564 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40564

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO. 90

CITY OF BALTIMORE: (No. Caution & Lanvale Sts ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Ruzicka

(a) RESIDENCE NO. 2409 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jaroslav Ruzicka

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Kaspar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Emma Bruder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Jaroslav Ruzicka

(Address) 2409 E Madison St

15 DEC 24 1928 C. HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Dec 22, 1928, that I last saw h[illegible] alive on Dec 22, 1928, and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease and Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Mearns, M. D.

, 19 (Address) 22 E. Lexington Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec. 26 1928

20 UNDERTAKER: Frank Crouch & Son — ADDRESS: 1915 Eutaw Pl

ATTENTION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40565

1—PLACE OF DEATH Hebrew Incurable Home

CITY OF BALTIMORE: (No. 2100 E. Balto St 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie Sudarsky

(a) RESIDENCE NO. 2100 E. Balto St ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Sudarsky

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. Solomon

(Address) 411 Norfolk Ave

Filed ..... 19 .....

By ..... Registrar

241928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 . 1928 . to Dec 23 . 1928 . that I last saw h alive on Dec 23 . 1928 and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Lubelsky M. D.

. 19 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Hebrew ~~Hebrew~~ Lod

DATE OF BURIAL 12/27/28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40566

CERTIFICATE OF DEATH.

101-01 E 40566

1-PLACE OF DEATH

City of BALTIMORE: (No.) Lutheran Hospital St. 4-25 (Name)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Hayward

(a) RESIDENCE NO. 678 W Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Dec 16 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Calvert Co

PARENTS

10 NAME OF FATHER Richard Hayward

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co

12 MAIDEN NAME OF MOTHER Martha Robertson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert

14 Informant Edward Shepherd

(Address) West Baltimore

24 1928 C. [illegible] JONES, M. D.

By [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Denton M. D.
(Coroner)

12/24 1928 (Address) 700 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

678 W Fayette St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Co Md — Date of Burial: Dec 27 1928

20 UNDERTAKER: B L Hopkins — ADDRESS: Owings Md

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40567 HEALTH DEPARTMENT—CITY OF BALTIMORE 101-001 E 40567

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S New Bank ST.) (WARD) 26237

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Fritz

(a) RESIDENCE NO. 612 S New Bank WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Buckhorn Fritz

6 DATE OF BIRTH (month, day, and year) Dec 9 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Snebbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Redal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Angela Fritz

(Address) 612 S Newbank

15 Dec 24 1928 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from December 20 1928 to Dec 23rd 1928, that I last saw her alive on Dec 23rd 1928 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Dod, M. D.

19 (Address) 4700 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Martin W. E. Dippel — ADDRESS 3[illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40568 ✓ E 40568

CERTIFICATE OF DEATH.

74-600

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1228 N Carrollee St. 10-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta ann Doyle

(a) RESIDENCE No. 1228 N Caro ~ ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Doyle

6 DATE OF BIRTH (month, day, and year): July 2 1842

7 AGE — Years: 86 Months: 6 Days: 26 If LESS than 1 day, hrs. or min.: 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): West minster Maryland

PARENTS

10 NAME OF FATHER: Bernard Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Charlotte Dell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Maryland

14 Informant: Mrs J. W. Thomas
(Address): 1228 N Caroline St

15 Filed 1928 C. HARRISON JONES, M. D. Registrar
Per AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 23, 1928, that I last saw h e alive on Dec 23, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Thomas, M. D.

12-24, 1928 (Address) 1228 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Edwards Westminster — DATE OF BURIAL: 12/26 1928

20 UNDERTAKER: Mary A Gaulthof — ADDRESS: 2832 Rayner Ave

241928

(Instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Bks.

E 40569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40569

CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2533 West Lanvale ST. 16-68 (WARD)

2-FULL NAME Lena Buckheit

(a) RESIDENCE No. 2533 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Peter Buckheit

6 DATE OF BIRTH (month, day, and year): Apr. 12/1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): not any

(c) Name of employer: not any

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Adam Feldner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: (?) - Kleist

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret M Neuschaefer (Address) 2533 W Lanvale

15 Filed 12 24 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21 1928

17 I HEREBY CERTIFY, That I attended deceased from February, 1925, to Dec. 21, 1928.

that I last saw her alive on Dec - 19 - , 1928

and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. E. Benton, M. D.

12/21, 1928 (Address) 301 E. Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL 12/26 1928

20 UNDERTAKER: Geo. Weber & Son ADDRESS 2503 Ed monument are

THON is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 40570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40570

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 Darley Ave St. 9-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Noonan

(a) RESIDENCE NO. 1000 Darley Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Noonan

6 DATE OF BIRTH (month, day, and year) May 1-1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None W D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Coleman McDonough

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Barbara McDonough

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Margaret N Anzmann

(Address) 1630 E. 33rd St

C. HAMDEN JONES, M. D.

DEC 24 1928 By ACH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis- Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

(Signed) J. J. A. Owens M. D.

(Coroner)

12/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Dec 26 1928

20 UNDERTAKER Frank V. Dikitow ADDRESS 2918 E Baltimore

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 40571 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40571

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Isabella Connelly

(a) RESIDENCE NO. Church Home Infirmary ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 6 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Church Home Records (Address)

15 Filed DEC 24 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1928, to December 23 1928, that I last saw her alive on December 23, 1928 and that death occurred, on the date stated above, at 10 1/2 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 1 yrs 1 mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel H. Norwood M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Hughes Funeral Home ADDRESS Pratt & Monument

Spec.—1-10-21—M&T—1500 Bks.

E 40572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40572

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 W Lanvale ST. 16-68 WARD)

2-FULL NAME Emma Gene Hartzell

(a) RESIDENCE NO. 2413 W Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer) 69

(c) Name of employer O'Neills

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas F. Hartzell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER M. Elizabeth Swope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John E. Hartzell

(Address) 2413 W. Lanvale St

15 Filed DEC 24 1928, 19

C. HARTOR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 23, 1928, that I last saw her alive on Dec 23, 1928, and that death occurred, on the date stated above, at 730 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 23 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) C Kim Williams, M. D.

19 (Address) 601 Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL 19

20 UNDERTAKER Geo R Little

ADDRESS

(1) Signature, residence and date must be given by physician. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40573

CERTIFICATE OF DEATH.

179 E 40573

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 5-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Manie Williams

(a) RESIDENCE NO. 1513 Mullikin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	B	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lillian Mitchell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Federal, N.C.

14 Informant W. Williams

(Address) 1513 Mullikin St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns - Hair and clothing caught fire from oil stove while mother was combing hair.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. J. Pratt, M. D.
(Coroner)

12/24/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem Date of Burial 12-25 19 28

20 UNDERTAKER Byron V. Wright ADDRESS 1218 McCulloh St

DEC 29 1928

Very Important. See instructions on back of certificate. Name, Residence or Occupation is

Spec.—1-12-23—M&T—500 Blks.

Balsamo.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40574

CERTIFICATE OF DEATH.

101-09 E 40574

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E Cross St. 23-33 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Balsamo

(a) RESIDENCE No. 21 E Cross ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 9 mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	0	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Balsamo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosie Bianca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Balsamo
(Address) 21 E Cross St

15 Filed 2 5 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12- 24 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1928, to 12-24, 1928

that I last saw h alive on 12-23, 1928

and that death occurred, on the date stated above, at 5 a. m

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) S. D. Sweeney M. D.

12-24 1928 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 12-26 1928

20 UNDERTAKER: Robert Brooksson

ADDRESS: Calhoun Hollins a

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40575

CERTIFICATE OF DEATH.

90E 40575

1-PLACE OF DEATH

CITY OF BALTIMORE: West Balto. Gen. Hosp. (STREET AND NUMBER) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Ginsberg

(a) RESIDENCE No. 330 Piedmont Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Ginsberg

6 DATE OF BIRTH (month, day, and year) Dec 30-18/68

7 AGE	Years	Months	Days	If LESS than 1 day, brs or min
	59	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Abraham Ginsberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Lerchthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rebecca Ginsburg

(Address) 330 Piedmont Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Dec. 23 1928,

that I last saw him alive on Dec. 23, 1928

and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis (Left)

Hypocandia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/14/28

Was there an autopsy? No Removal of Kidney

What test confirmed diagnosis? Clinical & Operative

(Signed) Benj. Sarubin, M. D.

, 19 (Address) West Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Sholom

DATE OF BURIAL Dec 25 19 28

20 UNDERTAKER Jack Laurs

ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40576

CERTIFICATE OF DEATH

100-E 40576

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No.) Balto Md (ST.) 5-9 (WARD)

2-FULL NAME Lena Tapper

(a) RESIDENCE No. 1400 E Balto St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Joseph Tapper

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 42 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 027

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hospl Balto Md

15 Filed 2 1928, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-27-, 1926, to 12-24, 1928

that I last saw h[illegible] alive on 12-24, 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Cat Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Thos F Kinnut M. D.

, 19 (Address) Metime City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: 12/25 1928

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40577

CERTIFICATE OF DEATH.

66 L

REGISTERED NO. E 40577

1-PLACE OF DEATH

City of BALTIMORE: (No. Lancaster + Amm St. 3-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Greenwald

(a) RESIDENCE NO. 1414 Eastern a St. — Ward ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 10/83

7 AGE: Years 45 Months 5 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tramp

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Louis Greenwald

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Herman Greenwald

(Address) Chesaco Park

15 Filed ..... 19 ..... Registrar

25 1928 C. H. [illegible] U. S. M. D.

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute alcoholism

(duration) yrs. [illegible] mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic alcoholism

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

12 27 1928 (Address) 700 Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death yrs. mos. 14 ds. 10 In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Lancaster + Amm

Former or usual residence Lancaster Comm

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Date of Burial 12/26 1928

20 UNDERTAKER Philip Herwig ADDRESS 3016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40578

CERTIFICATE OF DEATH.

66 E 40578

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 East A St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Torre

(a) RESIDENCE NO. 1208 E. Mulberry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Torre

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years: 34 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: [illegible] Torre

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Italy

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Italy

14 Informant: Anna Torre

(Address): 1208 E Mulberry St

Filed [illegible], 19[illegible]

231928

[illegible] Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

Date of Burial: Dec 26 1925

20 UNDERTAKER: Frank Brockbank

ADDRESS: 1806 Eutaw

Any imperfections. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 40579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40579

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4100 (STR.) Gatewood Rd (WARD) 62

2-FULL NAME Mary Ellen Fox

(a) RESIDENCE NO. 4100 Gatewood Rd. (Usual place of abode) WARD

Length of residence in city or town where death occurred 70 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Fox

6 DATE OF BIRTH (month, day, and year): Feb 16-1845

7 AGE: Years 83 Months 10 Days 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md

PARENTS

10 NAME OF FATHER: Nicholas Emrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Md.

12 MAIDEN NAME OF MOTHER: Juliana Forsyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs. Fox Belvidere Road

15 Filed DEC 25 1928 H. E. Lloyd Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 28 1928 that I last saw h[er] alive on Dec 23 1928 and that death occurred, on the date stated above, at 6.15 a.m.

The CAUSE OF DEATH* was as follows: Dilated Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility - Kidneys (duration) Not known

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. S. Carter M. D.

1928 (Address) 3123 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rosedale Bridgeport

DATH OF BURIAL: Dec 26 1928

20 UNDERTAKER: Leitzman & Co

ADDRESS: 1923 E Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

220061 E 40580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 E 40580

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2-FULL NAME Melvin Morrell

(a) RESIDENCE No. 5730 Turnland Ave ST., WARD Pimlico - Da -

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian

6 DATE OF BIRTH (month, day, and year): December.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant - Mgr -

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penn -

PARENTS

10 NAME OF FATHER: James Morrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn -

12 MAIDEN NAME OF MOTHER: Anna Lyon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn -

14 Informant: Reuss -

(Address) JOHNS HOPKINS HOSPITAL

Filed 12-26 1928 H. A. [illegible], M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1928, to Dec 25 - 1928.

that I last saw him alive on Dec 25 - 1928.

and that death occurred, on the date stated above, at 5-15 P. M.

The CAUSE OF DEATH* was, as follows:

Pericarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) myocardial insuff. 3 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) S. A. Gladstone, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bristol. Tenn. DATE OF BURIAL: Dec. 25 1928

20 UNDERTAKER: William G. Schaeffer ADDRESS: 1816 Fremont

Spec.—1-10-21—M&T—1500 Bks.

E 40581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40581

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital, Baltimore, Md. ST., 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Catten

(a) RESIDENCE NO. 520 Highland Ave., Portsmouth, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 40 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mess attendant

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer L.H.S."Holly"

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Charlie Catten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mattie Fines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records, U.S. Marine Hospital (Address) Balto., Md.

15 DEC 25 1928 C. H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1928, to December 22, 1928, that I last saw him alive on December 22, 1928, and that death occurred, on the date stated above, at 3:25 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart, aortic insufficiency

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical examinations

(Signed) Ralph L. Porter, M. D.

12/22, 28 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL 12/25, 1928

UNDERTAKER S. Samuel H. Hensley

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40582 E 40582

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1725 N. Calhoun 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Harris

(a) RESIDENCE NO. 1725 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chase Harris

6 DATE OF BIRTH (month, day, and year) May 15 - 1875

7 AGE Years 53 Months 7 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Julian Harris

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Annie Wells.

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Bettie Harris

(Address) 1725 N Calhoun

15 Filed ..... 19.. Registrar

25 1928

Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. E. Luck M. D.

Dec 21 1928 (Coroner) (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irwin Va Date of Burial 12/25/28

20 UNDERTAKER Samuel S. Newbay ADDRESS 1132 Dill

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40583

CERTIFICATE OF DEATH

11-001

E 40583

1—PLACE OF DEATH

REGISTERED NO. 9-46

CITY OF BALTIMORE: (No. 629 Gorsuch Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Fitzin Jr.

(a) RESIDENCE NO. 629 Gorsuch Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Sgl.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 7. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 6

(b) General nature of industry, business, or establishment in which employed (or employer) 25

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm. J. Fitzin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaretta Adelsberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Wm J. Fitzin

(Address) 629 Gorsuch Ave

Filed Dec 25 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Dec. 23 19 28.

that I last saw h— alive on Dec. 23. 19 28

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza.

Pneumonia (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Complications

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) B. J. Mann, M. D.

Dec. 4 19 28 (Address) 576 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	12/30/28
20 UNDERTAKER	ADDRESS
Chas A Farley	Sutton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

Phyllis

E 40584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Ht E 40584

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 727 N Carlton St. 8-17 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phyllis B Van Sant

(a) RESIDENCE NO. 727 N Carlton St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Van Sant

6 DATE OF BIRTH (month, day, and year) Oct 15 1865

7 AGE Years 63 Months 2 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dennis Hannaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dennis Hannaugh
(Address) 232 N Paca St

15 Filed 2 27 1928 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Dec 23, 1928, that I last saw her alive on Dec 23 1928, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:
Cardiac Exhaustion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) yrs. 4 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John W Anderson M. D.

, 19 (Address) 1714 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 12/26/28

20 UNDERTAKER Kemp & Fahey Inc ADDRESS 1 Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40585

CERTIFICATE OF DEATH

E 40585

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 22 E 24th ST. 12-50 WARD)

2—FULL NAME Margaret Kershner

(a) RESIDENCE NO. 22 East 24th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis D Kershner

6 DATE OF BIRTH (month, day, and year): Dec 20, 1847

7 AGE: Years 81 | Months — | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Frederick Grosury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Dudopple

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Emma E Kershner

(Address) 22 East 24th St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928, to Dec 24, 1928

that I last saw her alive on Dec 23, 1928

and that death occurred, on the date stated above, at 1-30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Pathologic

What test confirmed diagnosis?

(Signed) W H Reaser, M. D.

Dec 24, 1928 (Address) 2105 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Dec 26 1928

20 UNDERTAKER: W M Cook

ADDRESS 211 S Paul St

Spec.—1-10-21—M&T—1500 Blks.

220931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40586

E 40586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 713 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Gorman

(a) RESIDENCE No. 2033 E Eager ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. Gorman

6 DATE OF BIRTH (month, day, and year) Dec 2, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Leitner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Yaegin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Friends. JOHNS HOPKINS HOSPITAL

15 Filed DEC 26 1928, 19 H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 1928, to Dec 23, 1928, that I last saw her alive on Dec 23, 1928, and that death occurred, on the date stated above, at 2 30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar. Pneumococcus Type I.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore cremated

DATE OF BURIAL Dec. 27 1928

20 UNDERTAKER Fallon Cook

ADDRESS 1212 E. Pratt.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40587 — 112 — E 40587

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No.) 4615 Gorsuch Av. (Ward) 28-63

2-FULL NAME Robt C. Thompson

(a) RESIDENCE NO. 4615 Gorsuch St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 Color or Race: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Evelyn Thompson

6 DATE OF BIRTH (month, day and year): Oct 29 1884

7 AGE — Years: 44 — Months: 1 — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEDENT:

(a) Trade, profession or particular kind of work: Paper Carrier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER: John Thompson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Sefton

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

PARENTS

14 Informant: Evelyn Thompson

(Address): 4615 Gorsuch Av

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 22nd 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Error of diet

(duration) yrs. mos. ds.

Witnessed by T. de Lucia M. D.

(Coroner)

Dec 22nd 1928 (Address) North Ave & Pace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: 12/29 1928

20 UNDERTAKER: H. C. Cook — ADDRESS: 1217 E Pratt St

C 29 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40588

CERTIFICATE OF DEATH.

74-00 E 40588

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1820 Bunday St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno. Dimarco

(a) RESIDENCE NO. 1820 Bunday St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Dimarco

6 DATE OF BIRTH (month, day, and year) Nov 12, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Jno Dimarco

(Address) 1820 Bunday

DEC 26 1928

Filed ..... Registrar

For .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Date of Burial Dec 26 1928

20 UNDERTAKER Williams Cook ADDRESS 2 N. Paca St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40589

CERTIFICATE OF DEATH.

X 1007001 40589

1-PLACE OF DEATH — CITY OF BALTIMORE (No. University Hospital ST. 30 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Lloyd Rose Clark (Schirck)

(a) RESIDENCE NO. Dundalk, Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male — 4 COLOR OR RACE White — 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schirck

6 DATE OF BIRTH (month, day, and year) Dec. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	52		18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St Timothy Church

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER Michael A Schirck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mary Schirck (Address) Dundalk, Md.

15 Filed DEC 26 1928, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/28

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1928, to 12/25, 1928, that I last saw him alive on 12/25, 1928, and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Joseph H. Faulkner, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 12/29 1928

20 UNDERTAKER Wm H Cook — ADDRESS 1217 E Baltimore

Cor.—12-9-25—A Co.—200 Bks.

E 40590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 40590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 W Cross St. 21-29 Ward)

2-FULL NAME Georgianna Wyman Bunday

(a) RESIDENCE NO. 1028 W Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John J. Bunday

6 DATE OF BIRTH (month, day, and year) Aug 22 1883

7 AGE Years 45 Months 4 Days 3. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hsw.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Clark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Adella Lang

(Address) 1229 Clinton

15 Filed 12-29-1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas W Brooke M. D.

(Coroner) S. W. Gr. Brooklyn Md

12/25 19 28 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

Date of Burial 12/28 1928

20 UNDERTAKER J. W. Cook

ADDRESS 1215 Pond St

Spec.—1-12-23—M&T—500 Bks.

E 40591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001

E 40591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Baltimore Sanatorium

CITY OF BALTIMORE: (No. 13-57 ST., WARD)

2-FULL NAME Mr. Nathan Shalley

(a) RESIDENCE No. 4136 Falls Road ST., WARD 8a

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Claude F. Merfeld

(Address) 4136 Falls Road

15 Filed DEC 29 1928 H. L. Reese, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1928, to Dec. 25, 1928, that I last saw him alive on Dec. 25, 1928 and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Benjamin Baer, M. D.

12/29, 1928. (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg Va.

DATE OF BURIAL 12/26 1928

20 UNDERTAKER Wm Cook

ADDRESS 217 So. 2d

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40592

CERTIFICATE OF DEATH

90

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. E 40592

CITY OF BALTIMORE: (No. Sarah ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO. 2228 Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
about	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant

(Address)

BALTIMORE CITY HOSPITALS

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/28

17

I HEREBY CERTIFY, That I attended deceased from 11/17/27, 19..... to 12/24/28, 19 28

that I last saw h[illegible] alive on 12/24, 19 28

and that death occurred, on the date stated above, at 10[illegible] m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Interstitial Nephritis

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. [illegible] M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 27 1928

20 UNDERTAKER: J. H. & J. Sulmer Sons

ADDRESS: Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40593

CERTIFICATE OF DEATH

100-092 E 40593

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4301 Belvedere Av (Ward) 47-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma C. Gamber

(a) RESIDENCE NO. 4301 Belvedere Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 3 - 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) city

10 NAME OF FATHER W. T. Gamber

11 BIRTHPLACE OF FATHER (city or town) (State or country) city

12 MAIDEN NAME OF MOTHER Emma Humple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) city

Informant W. T. Gamber

(Address) 4301 Belvedere

Filed 12-26-1928 W. F. Roy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23- 28

17 I HEREBY CERTIFY, That I attended deceased from 12-23, 1928, to 12-23, 1928, that I last saw h[illegible] alive on 12-23 - 1928 and that death occurred, on the date stated above, at 7.00 P. m.

The CAUSE OF DEATH* was as follows:

Capillary hemorrhage

CONTRIBUTORY (Secondary) Prematurity (duration) 2-3 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dan't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Prematurity

(Signed) Henry Russell, M. D.

12-24, 1928 (Address) Henry Russell

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Cemetery

DATE OF BURIAL Dec 26 1928

20 UNDERTAKER W. A. Pickhardt Sons

ADDRESS Walbrook

Spec.—1-12-23—M&T—500 Bks.

E 40594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 of E 40594

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, S. 27-56 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gamber - Twin No. 1

(a) RESIDENCE NO. 730 / 4107 W. Belvedere Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Gamber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Stumpfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Gamber
(Address) 730 4107 W. Belvedere Ave

15 Filed Dec 26 1928 C. HINTON JAMES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-3, 1928, to 12-24, 1928 that I last saw her alive on 12-24, 1928 and that death occurred, on the date stated above, at 1.00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Waterman M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gamber-Carroll Co Md DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Wm J Pickerell Sons ADDRESS Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

Bayard,

E 40595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 40595

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 E. 25 ST. (WARD) 12-50

2—FULL NAME Rose Ober Bayard

(a) RESIDENCE NO. 116 E. 25 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Wd.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 23. 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer): Automobile Mfg

(c) Name of employer: Martin & Rose Co

BIRTHPLACE (city or town) (State or country): Blue Point Md.

10 NAME OF FATHER: Thos. J. Bayard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Ella Craig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

Informant: Mrs H. J. Bayard

(Address) 116 E 25th St

Filed DEC 26 1928 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22. 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1928, to Dec. 24, 1928

that I last saw h— alive on Dec. 21, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

Bronchial Pneumonia

CONTRIBUTORY (Secondary) Hypostatic (duration) 7 Hours yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) R. S. Hare, M. D.

12-17 1928 (Address) 716 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethel Cem, Cecil Co, Md	Dec 26 1928
20 UNDERTAKER	ADDRESS
H. J. Tschudy & Son	Md.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40596

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3141 Abell Av ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma E. Arney

(a) RESIDENCE NO. 3141 Abell Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov. 16-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa

10 NAME OF FATHER Armstrong Ewing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eliza Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Jessie K. Arney

(Address) 3141 Abell Avenue

Filed Dec 26, 1928 C. Flexner Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24-1928

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1923, to Dec 23, 1928, that I last saw h[illegible] alive on Dec 23, 1928 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Anamnesis

(Signed) J M Delcrett M. D.

Dec 24, 1928 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Robt L Turner — ADDRESS 1427 Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40597

CERTIFICATE OF DEATH

57

E 40597

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1822 N. Chester ST., 8-17 WARD)

2—FULL NAME Christena L. Gross

(a) RESIDENCE NO. 1822 N. Chester ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~, (write the word): married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Conrad H. Gross

DATE OF BIRTH (month, day, and year): Nov 10, 1854

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	74	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Frederick Uellig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Conrad H. Gross

(Address) 1822 N. Chester St

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1926, to Dec. 22, 1928, that I last saw h.. alive on Dec 22, 1928 and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 2 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Paul Fisher, M. D.

12/28, 1928 (Address) 1823 N. Wash. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westen Cemetery	Dec 26 1928
20 UNDERTAKER	ADDRESS
Clark & Bowers Inc	1442 N. Gay

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40598

CERTIFICATE OF DEATH

100-001

E 40598

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Bolton ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Ann Goodwin

(a) RESIDENCE NO. 1514 Bolton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 14th July 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER Thomas Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredericksburg Va

12 MAIDEN NAME OF MOTHER Ellen Ayres

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Gordon D. H.

(Address) 3825 Negonia ave.

Filed 1-2, 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 /28

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1928 to Dec 24 1928, that I last saw her alive on Dec 24 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(development of acute bronchitis)

c (duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12-25, 1928 (Address) 1310 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 26 1928
20 UNDERTAKER	ADDRESS
Jas H. Jenkins & Son Co	Eichard 84

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40599

CERTIFICATE OF DEATH.

13-54 89

E 40599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: Mondawmin Ward Liberty Heights & Reisterstown Rd

(If death occurred in Hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. S. Taylor.

(a) RESIDENCE NO. Mondawmin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet Brown Taylor

6 DATE OF BIRTH (month, day and year): 1867 Dec 7

7 AGE: Years 61 Months Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Banker.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): N. Y. City

(State or country): N. Y.

PARENTS

10 NAME OF FATHER: Edw N. Taylor

11 BIRTHPLACE OF FATHER (city or town): N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER: Agnes Suffern

13 BIRTHPLACE OF MOTHER (city or town): N. Y.

(State or country)

14 Informant: E. Howard Griswold

(Address) Mondawmin

15 Filed [illegible] 19 29 H. M. Jones M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 25th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 25th 1928 (Signed) F. B. Link M. D. (Coroner)

(Address) North Ave & Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood New Port. R.d.

Date of Burial: Dec 26 1928

20 UNDERTAKER: Henry Jenkins Sons

ADDRESS: Edmondson Ave & Carey St

DEC 26 1928

Spec.—2-29-28—L. F. S.—500 Bks.

Joseph S Lekan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40600

X 111-002

E 40600

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

26-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD)

2—FULL NAME Joseph Stefan Lekan

(a) RESIDENCE NO. (Usual place of abode) Marshall Court ST. WARD

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

7 DATE OF BIRTH (month, day, and year): Feb 22 - 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Bethlehem Steel

BIRTHPLACE (city or town) (State or country): Penn

10 NAME OF FATHER: John Lekan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Slavania

12 MAIDEN NAME OF MOTHER: Theresa Piscar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Slavania

Informant

BALTIMORE CITY HOSPITALS

DEC 26 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/25/28

17 I HEREBY CERTIFY, That I attended deceased from 12/07, 19 28, to 12/25, 19 28, that I last saw h— alive on 12/25, 19 28, and that death occurred, on the date stated above, at 8. A. m.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer a Generalized Peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Luden

Did an operation precede death? Yes Date of 12/22/28

Was there an autopsy? No

What test confirmed diagnosis? Post. F.

(Signed) [illegible] M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cleveland Ohio

DATE OF BURIAL: Dec 26 1928

20 UNDERTAKER: John Ulrich

ADDRESS: O'Brien

Spec.—2-29-28—L. F. S.—500 Bks.

E 40601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-00 12 40601

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 E Madison ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy V. Downs

(a) RESIDENCE NO. 2328 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 4. 1916

7 AGE: Years 12 | Months 9 | Days 18 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Harry C Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Myrtle Elaison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mr Harry C Downs

(Address) 2328 E Madison St

15 Filed DEC 26 1928 C. P. [illegible] M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 22. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16. 1928. to Dec 21. 1928

that I last saw h[illegible] alive on " " 1928

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis Duration

Lobar Pneumonia (duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) R. upper (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Lemmon M. D.

12/24. 1928 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: DEC 26 19 2[illegible]

20 UNDERTAKER: John Ullrick

ADDRESS: 22[illegible] E Madison

mation should be carefully supplied, so that it may be properly classified. OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Fuchs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40602

CERTIFICATE OF DEATH.

88 E 40602

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 440 Millington Ave. Ward 41)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Fuchs

(a) RESIDENCE NO. 4219 E. Woodley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 76 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) France

PARENTS

10 NAME OF FATHER John Fuchs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) France

14 Informant Lawrence Fuchs

(Address) 440 Millington Ave

15 Filed [illegible] 1928 C. HERBERT JONES, M. D.

Registrar

Pat

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooke M. D.

(Coroner) 5 W. Dru

12/24 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: Dec 27 1928

20 UNDERTAKER: Wm. Mesch & Son ADDRESS: 2512 Wilkens Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40603

CERTIFICATE OF DEATH.

90 E 40603

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Wooddock.

(a) RESIDENCE NO. 102 Burnett St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 25, 1871

7 AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	57	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 0 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Wooddock.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Fuller.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia,

PARENTS

14 Informant Mary Slonck, (sister)

(Address) 102 Burnett St.

15 Filed 19 (Clerk) (Deputy) Registrar

251928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1928 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

12/24 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? In front of 707 Light St. Dec. 22, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Dec 26 19 28

Date of Burial

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40604 — CERTIFICATE OF DEATH. — 185 E 40604

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Frank March

(a) RESIDENCE NO. 2208 Guilford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia (Curry) March

6 DATE OF BIRTH (month, day, and year): Feb 1/1858

7 AGE — Years: 70 — Months: 10 — Days: 23 — If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm. G. March

11 BIRTHPLACE OF FATHER (city or town): Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Stiltz

13 BIRTHPLACE OF MOTHER (city or town): Balto., Md.

(State or country)

14 Informant: Charles DeWitt

(Address): 200 W. Pratt St

15 Filed DEC 26 1928 — [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidently fell down 3rd floor stairway 2208 Guilford Ave. Nov 22 andfractured left clavocle.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Delerium Tremens and Bronchopneumonia 5days

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

12/24/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — Date of Burial: Dec. 26 1928

20 UNDERTAKER: Chas. S. Black — ADDRESS: 742 W. North Ave

Spec.—1-12-23—M&T—500 Blks.

E 40605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 40605

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Light ST. 22-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Otto Carl

(a) RESIDENCE No. 828 Light ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia D. Carl

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	44	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Leonard Carl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Pfannschmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Leonard Carl

(Address) 280 Waverly Ave. Newark, N.J.

15 Filed 6 1928 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928, to Dec 23 1928, that I last saw h[illegible] alive on Dec 23 1928 and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. O. T. Causey M. D.

12/24 1928 (Address) 1644 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Dec 26 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Cathedral

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40606 — 29 1 40606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 524 Arlington Ave St. 27-47 Grove WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelly Parker.

(Residence in Baltimore: No. 524 Arlington Ave St.; 44 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow.

6-DATE OF BIRTH. Feb 5, 1877. (Month) (Day) (Year)

7-AGE. 51 yrs. 10 mos. 19 ds. 18

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Housework)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Ind

PARENTS.

10-NAME OF FATHER. Patrick O'Mara

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ann Dorchus

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Parker

(Address) 524 Arlington ave

15-

Filed C. Hiss James M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 23, 1918. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/11 1918, to 12/20 1918, that I saw h alive on 191, and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Left Arm Amputation

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. O. Cochran M. D.

12/24/, 1918 (Address) 625 Gwynn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mem Cathedral DATE OF BURIAL. Dec 26. 1918

20-UNDERTAKER John A. Moran ADDRESS 3000 E Balto St.

261928

Spec.—1-10-21—M&T—1500 Bks.

E 40607 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 40607

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. ST. 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Dunkerly

(a) RESIDENCE NO. West Friendship Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George W. Dunkerly

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma A. Bond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (mother) Emma Dunkerly (Address) West Friendship Md

15 Filed 26 1928 C. Harrison Elliott M. D. Registrar By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 23 1928

that I last saw h alive on Dec 23 1928

and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Heart disease - Contributory Cardiac & aortic insufficiency & Myocarditis (duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Neurosis (duration) yrs. mos. 5 months ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard F. Neville M. D.

12/23 1928 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 27 1928

20 UNDERTAKER Jos Block

ADDRESS 1003 West Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40608

CERTIFICATE OF DEATH.

66

E 40608 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE. (No. Franklin Sq. Hosp. St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Earl

(a) RESIDENCE NO. 1011 Boyd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years: abt 37 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Uncle

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: John Burroughs

(Address): 1011 Boyd Street

Registered by: [illegible]

DEC 26 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY. (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Brooks M. D.

(Coroner) 5 W Dru

12/24 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: Dec 28 1928

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 N Calvert

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40609

CERTIFICATE OF DEATH

90

E 40609

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 746 W Lexington ST. 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Wilhelmina Commerman

(a) RESIDENCE NO. 746 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 25, 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

10 NAME OF FATHER Ernest Commerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Ida Katzenberger

(Address) 746 W. Lexington St

Filed DEC 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 25, 1928

that I last saw h alive on Dec 24, 1928

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Louis Heemann, M. D.

Dec 26 1928 (Address) 3002 Barrington a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Louis Catholic

DATE OF BURIAL: Dec 27 1928

20 UNDERTAKER: Louis Heemann

ADDRESS: 3250 Orgal

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40610

CERTIFICATE OF DEATH.

1622 '29

E 40610

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Bruce St. St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Watson Jones

(a) RESIDENCE NO. 719 N. Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jones

6 DATE OF BIRTH (month, day, and year) Apr. 5, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	72	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laboring work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tignal Ga.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) Tignal (State or country) Ga.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Tignal (State or country) Ga.

14 Informant Sabra M. Jones Johnson

(Address) 719 N. Bruce St.

Filed C 2 6 1928 H. [illegible] M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Septl, 1928 to Dec. 22 1928 that I last saw him alive on Dec. 22, 1928 and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
All Valvues

(duration) yrs. 4 mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 5 mos. ds.

18 Where was disease contracted, if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL Dec. 26 1928

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 40611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40611

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 884 W Lombard St. 18-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ALENA KRASAVSKENE

(a) RESIDENCE NO. 884 W Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) No. 1880

7 AGE 48 Years	— Months	— Days	IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lithvania

(State or country)

PARENTS

10 NAME OF FATHER K. Umevrcus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithvania

12 MAIDEN NAME OF MOTHER K. Markeucte

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithvania

14 Informant John Krasauskas

(Address) 884 W Lombard

Registrar

C 261928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/24/28

17 I HEREBY CERTIFY, That I attended deceased from 12/22/28, 19..., to 12/24/28, 19..., that I last saw h.. alive on 12/24/28, 19..., and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

hypostates

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) 15 hr yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? named (illegible)

(Signed) Samuel P. Feig, M. D.

12/24 19 28 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Dec. 27. 19 28

20 UNDERTAKER — ADDRESS

John Grebliauckas 1423 S Paca St.

J. G.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

220804 40612

CERTIFICATE OF DEATH.

129 E 40612

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 11-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Junius Ford

(a) RESIDENCE No. 524 Laurens St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nannie

6 DATE OF BIRTH (month, day, and year): Oct. 1883

7 AGE: Years 45; Months 2; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Epps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Record

(Address)

15 Filed 26 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 22 1928, that I last saw him alive on Dec. 22, 1928, and that death occurred, on the date stated above, at 7:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis. Arteriosclerosis.

Hypertension.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination of blood, urine, etc

(Signed) C. Brugg's M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec. 26 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

E 40613 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40613

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp. (St.) 20-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian A Luckert

(a) RESIDENCE NO. 424 Augusta Ave (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F. G. Luckert

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER J. Wildberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant F. G. Luckert (Address) 424 Augusta Ave

15 Filed 12/26/28 C. H. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928, to Dec 23, 1928, that I last saw h[illegible] alive on Dec 23, 1928 and that death occurred, on the date stated above, at 10.50a m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/23 1928 (Address) 108 N. Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 12/26/28

20 UNDERTAKER Geo Leimbach & Son [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40614

CERTIFICATE OF DEATH.

88

REGISTERED No. E 40614

1-PLACE OF DEATH

City of BALTIMORE: (No. 103 N. Vincent St. 1427 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Miller

(a) RESIDENCE NO. 103 N. Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Miller

6 DATE OF BIRTH (month, day, and year) July 29th 1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	43	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Chas. Wildon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Myrtle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Danl Miller

(Address) 103 N. Vincent

15 Filed DEC 28 1928 C. Harrison Jones M.D. Registrar

Per Kell

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Boyle M. D.

(Coroner) 5 W. Saratoga St.

12/22 1928 (Address) Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec. 26th 1928

20 UNDERTAKER A Jones ADDRESS 111 S Gilmor

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40615
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 40615
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 530 N. Carey St. 19-26 Ward)

2-FULL NAME Thomas Cole

(a) RESIDENCE NO. 530 Carey St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: Colored
5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant: Susie Coles
(Address) 530 N. Carey St.

15 Filed 12/24 1928 By [illegible] Registrar

261928 C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/13/ 1928, to 12/22/ 1928, that I last saw him alive on 12/21/ 1928, and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Wootton Shaw M. D.

12/24 1928 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 12/26 1928

20 UNDERTAKER Samuel L. Stansbury ADDRESS 1128 Bank St

Spec.–7-17-26—A Co.—200 Bks.

E 40616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 40616

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 616 Baker St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Esther Eyler

(a) RESIDENCE NO. 616 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Eyler

6 DATE OF BIRTH (month, day, and year): Feb 4th 1877

7 AGE: Years 51 Months 10 Days 19 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: Self

9 BIRTHPLACE (city or town) Baltimore Co.

(State or country) Md

PARENTS

10 NAME OF FATHER Henry Bruce

11 BIRTHPLACE OF FATHER (City or town) Balto Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Balto Co

(State or country) Md

14 Informant Mr. Allen Bailey

(Address) 616 Baker St.

15 Filed DEC 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20th 1928, to Dec. 23rd 1928,

that I last saw h[illegible] alive on Dec 23rd 1928,

and that death occurred, on the date stated above, at 11:40 a. m.

The CAUSE OF DEATH* was as follows:

[illegible]

Cerebrum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 713 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 12/26 1928

20 UNDERTAKER Samuel Stansbury ADDRESS Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40617

CERTIFICATE OF DEATH

Hamilton 90

E 40617

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2907 Eberley Ave St.) (Hamilton-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emily A Clemens

(a) RESIDENCE NO. 2907 Eberley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Clemens

6 DATE OF BIRTH (month, day, and year) Feb 28/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles H Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emily A Vickers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Lee

(Address) 2907 Eberley Ave

DEC 26 1928

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 28, to Dec 23, 19 28.

that I last saw h alive on Dec 23, 19 28

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Endarteritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hypertension

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clark Smith, M. D.

19 28 (Address) 4 W Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	Dec 26 19 28
20 UNDERTAKER	ADDRESS
Chas E Miller & Son	2434 Jeff

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40618 E 40618

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Hillman ST. 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace V. Sprague

(a) RESIDENCE No. 1036 Hillman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 = 1904

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
24	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER Geo W. Sprague

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Daisy Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mrs. George Sprague (Address) 1036 Hillman St

15 Filed Dec 26 1928, 19 [illegible] Registrar. Dec [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1928, to Dec 24, 1928, that I last saw h[illegible] alive on Dec 24, 1928, and that death occurred, on the date stated above, at 10, 000 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pancreas

Contributory Cancer of Pancreas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Silver, M. D.

(Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 27 1928

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40619

CERTIFICATE OF DEATH.

100-001

E 40619

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3rd & Mt Pleasant ST. 27-43 WARD)

2-FULL NAME MARY SOPHIA ROTH.

(a) RESIDENCE NO. 3201 GLENDALE AVE WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Samuel Roth

6 DATE OF BIRTH (month, day, and year): Nov 17-1864

7 AGE: Years 64 - Months 1, Days 7. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Holt

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Mary Pleasants

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U S A

14 Informant (Address): Wm Samuel Roth 3201 Glendale Ave

15 DEC 26 1928 C. HARRY JONES, M. D. Registrar

Per Ella

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 24, 1928, that I last saw her alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 2:22 P.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas J. Schaudinn, M. D.

, 19 (Address) 1514 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: Dec 27 1928

20 UNDERTAKER: Martin W. E. Office ADDRESS: 37 S Clinton

Spec.—2-29-28—L. F. S.—500 Hks.

E 40620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

E 40620

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Rose ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry P. Hoffman.

(a) RESIDENCE NO. 127 N. Rose! ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Lake anna Hoffman

DATE OF BIRTH (month, day, and year) Sept 17 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	3	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER H. P. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Mrs. Hoffman

(Address) 127 N. Rose Street

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-28

17 I HEREBY CERTIFY, That I attended deceased from 11-11-27, 19, to 12-24-, 1928, that I last saw him alive on 12-23-, 1928 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH was as follows:

Pott's disease of spine -
Chronic nephritis
Chronic arteriosclerosis.

(duration) 1 yrs. 6 mos. 25 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Draining of abscess Nov 1927

Was there an autopsy?

What test confirmed diagnosis? X-ray -

(Signed) J. L. Bandeen, M. D.

12/26/28 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery.	Dec 27. 1928
UNDERTAKER	ADDRESS
George L. Ruth	1735 Harford Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 Light St., 7834 Ward) Registered No. 90

2-FULL NAME Henry Eagle

(a) Residence No. 1800 Light St St., 23 Ward

(Usual place of abode) (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, W

5-Single, Married, (Widowed, or Divorced) (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1875

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Carroll Co Md

PARENTS

10-NAME OF FATHER George Eagle

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER Barbara Eichhorn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14-(Informant) Anna Eagle

(Address) 1800 Light St

15-Filed 26 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 22/28

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to Dec 22, 1928

that I last saw h... alive on Dec 22, 1928

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

& Mitral Regurgitation

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. B. H. Campbell M. D.

12/24, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Cedar Hill

DATE OF BURIAL, 12/26, 1928

20-UNDERTAKER, [illegible]

ADDRESS 131 E Lafayette Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40622

CERTIFICATE OF DEATH

90 E 40622

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tatum, Calvin

(a) RESIDENCE NO. 1625 Mosher ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tatum

DATE OF BIRTH (month, day, and year) ? 1868

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	60	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) ?
(State or country) N.C.

10 NAME OF FATHER James Tatum

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mollie Conrad

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) N.C.

Informant
(Address) BALTIMORE CITY HOSPITALS

Filed [redacted] 19 [redacted] Registrar

6 1928 Rec

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-28

17 I HEREBY CERTIFY, That I attended deceased from 11-16 1928 to 12-23 1928

that I last saw him alive on 12-23 1928

and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Myocarditis, chron.; Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. M. York, M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lamel Conn — DATE OF BURIAL 12-26 1928

20 UNDERTAKER James Easton — ADDRESS 916 Pa Ave

Spec.—1-12-23—M&T—500 Bks.

Bailey

E 40623 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40623

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 17-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bailey

(a) RESIDENCE NO. 1300 Pennsylvania ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Ed. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Carrie Clayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address) C. [illegible]

Filed [illegible], 19[illegible] By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Dec. 8, 19 28, to Dec. 22, 19 28,

that I last saw h im alive on Dec. 22, 19 28,

and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) About 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

12-[illegible], 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 12-26-1928

20 UNDERTAKER David Easton

ADDRESS 56 Park

Spec.–7-17-26—A Co.—200 Bks.

E 40624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-09 E 40624

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1360 Woodyear St. 15-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Extra Rice

(a) RESIDENCE NO. 1360 Woodyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 12-16-1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	31	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer O+O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co

(State or country) Va.

PARENTS

10 NAME OF FATHER Robert Rice

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va Monroe.

12 MAIDEN NAME OF MOTHER Maria [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant George Holmes

(Address) 1329 Carey St

15 Filed ..... 19 .....

U. S. [illegible]

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24- 19 28

17 I HEREBY CERTIFY, That I attended deceased from 12-20-, 1928, to 12-24-, 1928,

that I last saw him alive on 12-24-, 1928,

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY Exposure

(Secondary)

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank L. Saunders, M. D.

12-25-1928 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Dec 27 1928

20 UNDERTAKER — ADDRESS

Virginia C. Brooks 1463 W. Lanvale

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40625 E 40625

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 Lanvale ST. 17-24 (WARD)

2-FULL NAME Hannah Allen

(a) RESIDENCE NO. 821 Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	68	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Frank Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Hannah Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

PARENTS

14 Informant (Address) Chr. W. H. Allen 821 N. Lanvale St.

15 Filed DEC 26 1928 H. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1928

17

I HEREBY CERTIFY, That I attended deceased from 10/1 1928, to 12/23 1928, that I last saw h[illegible] alive on 12/23 1928, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Acute Pneumonia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Rhoads, M. D.

12/24 1928 (Address) 821 N Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Virginia A Brooks ADDRESS 1463 N. Carey

Spec.—2-29-28—L. F. S.—500 Bks.

E 40626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 40626

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2347 Frederick ~~ve~~ ST., 74-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Eschbach

(a) RESIDENCE NO. 2347 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Sept. 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bristol worker &

(b) General nature of industry, business, or establishment in which employed (or employer) Wilkens hair factory

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Henry Eschbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Frank Dougherty

(Address) 3844 Culver St.

Filed DEC 26 1928 C. F. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 22 1928 to Dec 23 1928

that I last saw h[illegible] alive on Dec 23 1928

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Cer. Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Ac Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. A. Buell M. D.

12/24 1928 (Address) 4207 Fredk Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]estern Cemetery

DATE OF BURIAL 12/26/28

20 UNDERTAKER Harry T. Witte

ADDRESS 53[illegible] Lombard St

Spec.—1-12-23—M&T—500 Bks.

E 40627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-00 40627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., (or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Smith Jr

(a) RESIDENCE NO. 1512 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 30th. 1928

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George E. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Margaret Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn.

C.K. Eugene Zeller, M.D. Coroner Western Dist.

14 Informant George E. Smith

(Address) 1512 W Fayette St.

15 Filed 12/26/1928 G. Hutzler M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-25, 1928, to 12-25, 1928,

that I last saw him alive on 12-25, 1928,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Dopemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) Joseph D. Faulkelli M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	12/26/28

20 UNDERTAKER Harry A. Wilke ADDRESS 1537 W Lombard St

Spec.—1-10-21—M&T—1500 Bks.

E 40628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40628

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Caton & Wilkens Aves ST. 25-32 (WARD)

2-FULL NAME G. Allen Hadel

(a) RESIDENCE No. 2011 Anzapolis Road ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) May 30, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Hadel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Penn.

12 MAIDEN NAME OF MOTHER Mary Brown. Phila

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Penn

14 Informant Wm H Mehl
(Address) 4024 Walbrook Ave

15 DEC 26 1928 C. HAYES JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 24, 1928, that I last saw him alive on Dec 24, 1928, and that death occurred on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

(duration) 10 yrs. 11 mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms.

(Signed) Raymond J Eckman, M. D.

(Address) Lutherland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Dec. 28 1928

20 UNDERTAKER Jonah Dyer — ADDRESS 1600 W. Fayette Ave Balto. Md

2-29-28—L. F. S.—500 Bks.

E 40629 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 40629

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTERED NO.

Y OF BALTIMORE: (No. 252 S. Clinton St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Josephine Ruggeria

RESIDENCE NO. 252 S. Clinton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	

arried, widowed, or divorced
HUSBAND of
or) WIFE of

E OF BIRTH (month, day, and year) Nov 8 1927

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	15	

UPATION OF DECEASED

Trade, profession or icular kind of work —

General nature of industry, ness, or establishment in h employed (or employer) —

Name of employer —

THPLACE (city or town) te or country) Balto

NAME OF FATHER Louis Ruggiero

BIRTHPLACE OF FATHER (city or town) State or country) Italy

MAIDEN NAME OF MOTHER Catherine Marino

BIRTHPLACE OF MOTHER (city or town) State or country) Balto

nformant Catherine Ruggiero

Address) 252 S. Clinton St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23-28

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1928, to Dec 23 19 28

that I last saw h alive on Dec 23, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas L Valentine M. D.

Dec 25, 19 28 (Address) 1 of S1 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 26 1928

20 UNDERTAKER Frank P Eyerton

ADDRESS 2 [illegible] St

Spec.—2-29-28—L. F. S.—500 Bks.

Homeday 5-Draft

E 40630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001 V

REGISTERED NO. E 40630

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S Eaton st 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosen Turner

(a) RESIDENCE NO. 410 S Eaton st WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 23/928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Rosen Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Gertrude Cushing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Rosen Turner

(Address) 410 S Eaton st

Filed 12 6 1928 Registrar

261928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26/28.

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1928, to 12/26, 1928, that I last saw h. alive on 12/25 and that death occurred, on the date stated above, at 5-15 a m.

The CAUSE OF DEATH* was as follows:

Premature Labor.
Foetus 8 mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. McCandlish, M. D.

(Address) 633-S-3rd,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL Dec 28 1928

20 UNDERTAKER M. W. E. Dippold & Son

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 40631 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 40631

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5246 Nelson av ST. 27-5 WARD)

2-FULL NAME Wm. V. McDade

(a) RESIDENCE No. 5246 Nelson av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	W.	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-13-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph McDade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Motherwell Scotland

12 MAIDEN NAME OF MOTHER Margaret Workman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bernard McDade
(Address) Grandfather

15 Filed 26 1928 3078 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1928, to Dec. 24, 1928, that I last saw h— alive on Dec. 24, 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Morbus Cordis.
Persistent Patent Foramen ovale (duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Congenital defect (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D. Aldershot, M. D.

(Address) 501 E Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER — Commissioner Health

ADDRESS

DEC 26 19[illegible]

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

E 40632

E 40632

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1316 Laurens St ST. 15 23 (WARD)

2-FULL NAME Baby Boy Hurley.

(a) RESIDENCE NO. 1316 Laurens St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21. 1928

7 AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1316 Laurens St

PARENTS

10 NAME OF FATHER Thomas Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sadie Titus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant mother

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 26 1928 H. M. Fox JONES, M. D. Registrar

3074

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1928 to Dec 23, 1928,

that I last saw him alive on Dec 23, 1928,

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) maternal Syphilis?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Alexander Hurley M. D.

, 19 (Address) 1516 Hendenson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

DEC 26 1928

Per Wm. A. Marshall

Spec.—6-9-19—H. P. Co.—1000 Bks.

Infant Herald.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40633

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

161-01 40633

REGISTERED NO.

CITY OF BALTIMORE: No. 2235 Annapolis Road ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Un named Premature Infant

(a) RESIDENCE. No. 2235 Annapolis Rd ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) 22 Dec 1928

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William H Herald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lena Gable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Lena G. Herald

15 Filed DEC 26 1928 H. E. Barnes, M. D. Registrar

C 26 1928

3072

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17 I HEREBY CERTIFY, That I attended deceased from 22 Dec, 1928, to 22 Dec, 1928, that I last saw h— alive on 22 Dec, 1928, and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:

Premature Infant (about 2nd mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Woodruff, M. D.

22 Dec 1928, 19 (Address) Emergency Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner of Health

DEC 26

Spec.—2-29-28—L. F. S.—500 Blks.

E 40634 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 46-37 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clowers, Johnson

(a) RESIDENCE NO. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
60		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ? Georgia

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

Informant BALTIMORE CITY HOSPITALS
(Address)

Filed DEC 26 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-28

17 I HEREBY CERTIFY, That I attended deceased from 10-18, 1928, to 12-19, 1928, that I last saw him alive on 12-19, 1928 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

over 1 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Nephritis, Chronic

over 3 yrs. mos. ds.
(duration)

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER [illegible] Commissioner of Health.

ADDRESS DEC 26 1928

THE MORGUE

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40635

90 E 40635

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 4-30

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fangmeyer, John J

(a) RESIDENCE NO. 612 — W. Pleasant

(Usual place of abode) WARD

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant do

(b) General nature of industry, business, or establishment in which employed (or employer) ? 0

(c) Name of employer ?

BIRTHPLACE (city or town) ?
(State or country) Md.

10 NAME OF FATHER John Fangmeyer

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Bergler

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Germany

Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

Filed ..... 19 ..... Registrar

261 9065

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-28

17

I HEREBY CERTIFY, That I attended deceased from 12-11, 1928, to 12-19, 1928

that I last saw h[im] alive on 12-19, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. M. Nick, M. D.

19 BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 26 1928

Spec.—12-9-25—A Co.—200 Bks.

E 40636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 40636

1-PLACE OF DEATH

City of BALTIMORE: (No. 3402 Ravenwood Ave. 8-40 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Gustave Connell.

(a) RESIDENCE NO. 3402 Ravenwood Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ~~of~~ Mary E. Connell

6 DATE OF BIRTH (month, day, and year) Jan-11-1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gottenburg

(State or country) Sweden

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Sweden

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Sweden

14 Informant Mary E. Connell

(Address) 3402 Ravenwood Ave.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-15-28, 1928, to 12-24, 1928, that I last saw h[im] alive on 12-23, 1928, and that death occurred, on the date stated above, at 2-15 a. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) — yrs. — mos. 13 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Leland, , M. D.

12-24 1928 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Dec 27 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 D. Mosher

1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40637

CERTIFICATE OF DEATH.

18-103 E 40637

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH C

City of BALTIMORE: (No.) Balto City Hospital St. No 37 Ward

2-FULL NAME Wm A Hartlove

(a) RESIDENCE NO. 3726 Clairmount St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Marrid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa K Hartlove

6 DATE OF BIRTH (month, day, and year): Nov 4 1859

7 AGE: Years 69 Months Days 29 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldering &c

(b) General nature of industry, business, or establishment in which employed (or employer): Decorating Co

(c) Name of employer: Balto Md

9 BIRTHPLACE (city or town): Sally Ky

(State or country)

PARENTS

10 NAME OF FATHER: W J Hartlove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Holland

14 Informant: Louise K. Hartlove

(Address): 3726 Clairmont St.

Filed ..... 19 .....

26 1928

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

fracture skull

auto Mobile accident

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 0 yrs. ..... mos. ..... ds.

(Signed) James M. Gutton M. D.

(Coroner)

12 24 1928 (Address) 1002 Chaney St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Sold Stand Eastern ave & 12 st

Former or usual residence 3726 Clairmont ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery Date of Burial Dec 27 1928

20 UNDERTAKER: Lilly & Geiselhart ADDRESS 4033 W Wolfe St

Spec. 2-20-28 — R. S. 100 Blk

~~Coroner's Inquest to be given by Coroner Lisk~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40638

CERTIFICATE OF DEATH

100-08

E 40638

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Robinson

(a) RESIDENCE NO. 1922 Penn Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored	Child

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, and year) May 19 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER James Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elizabeth N C

12 MAIDEN NAME OF MOTHER Mary Robinson (before marriage)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elizabeth N C

Informant Matilda Robinson

(Address) 1922 Penn Ave

Filed DEC 26 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 14, 1928, that I last saw him alive on Dec 14, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Primary

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. P. Jackson M. D.

12/26/1928 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
UNDERTAKER	ADDRESS
	DEC 26 1928

DEC 26 1928 C. HAMILTON JONES, M. D.

3070

THE REGISTRAR

Spec.—2-29-28—L. F. S.—500 Bks.

E 40639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40639

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Johnson (or Hudgins?)

(a) RESIDENCE NO. 1011 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	79	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ? Va.

10 NAME OF FATHER Robert Dunger

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Jane ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va.

Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

Filed C. HARRISON [illegible] Registrar

261928 By 3078 Cash

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-28

17

I HEREBY CERTIFY, That I attended deceased from 9-24, 1928, to 12-20, 1928,

that I last saw h[illegible] alive on 12-20, 1928

and that death occurred, on the date stated above, at 1 45 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis over 3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. M. Finch, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Interment Laurel	12-25-28
UNDERTAKER Daniel Easton 916 Pa	ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 26 1928

Spec.—1-10-21—M&T—1500 Blks.

E 40640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 40640

1-PLACE OF DEATH St. Agnes Hosp. REGISTERED NO.

CITY OF BALTIMORE. (No.) 3501 Carsdale (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ira B. Miles.

(a) RESIDENCE NO. 3501 Carsdale Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Evelyn D. Miles

6 DATE OF BIRTH (month, day, and year) Oct 15 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Representative

(b) General nature of industry, business, or establishment in which employed (or employer) ...do...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Upper Fairmount Md.

PARENTS

10 NAME OF FATHER David B. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Ira Miles

(Address) 3501 Carsdale Ave

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-22-1928. to 12-26-1928

that I last saw him alive on 12-26-1928.

and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 1 mos 2 wks. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray

(Signed) Americus Sorell M.D.

, 19 (Address) 3705 Liberty Hts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 19

20 UNDERTAKER Geo. W. Little — ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

Allen T. Talbott

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40641

CERTIFICATE OF DEATH

101-001 E 40641

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2737 E. Madison St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen T. Talbott

(a) RESIDENCE NO. 2737 E. Madison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Florence Talbott

6 DATE OF BIRTH (month, day, and year) May 12, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	63	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles B. Talbott Sr.

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Sh. F. Talbott

(Address) 2737 E. Madison St.

15 Filed ... 19 ... H. M. Nay M.D. Registrar

6 1929 ... ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 25. 29.

17 I HEREBY CERTIFY, That I attended deceased from Nov 23. 1928. to date of death 19

that I last saw h~~e~~is alive on Nov 25. 19 29,

and that death occurred, on the data stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia one day

Chronic Nephritis

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary)

Arthritis (duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Chas Snyder Davis, M. D.

. 19 (Address) 824 N. Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Loudon Park	
20 UNDERTAKER Geo N. Little	ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40642

CERTIFICATE OF DEATH.

100-001

E 40642

1-PLACE OF DEATH

City of BALTIMORE: (No. 1458 Carroll St 21-28 St. 21 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christine Ries

(a) RESIDENCE NO. 1458 Carroll St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: — Months: — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

10 NAME OF FATHER Caspar Ries Jr

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Lulu Brady

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country) Md

PARENTS

14 Informant: Father

(Address)

Filed 1-26-1928 C. HILTON JONES, M. D. Registrar

By ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Brooks M. D.

(Coroner) (Address) 12/25 1928 S. W. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: Dec. 27 1928

20 UNDERTAKER: Chas. S. Duckanovska ADDRESS: 63 1/2 Paca St.

Spec.—1-12-23—M&T—500 Blks.

E 40643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40643

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 766 Ramsay St. ST. 71-24 (WARD)

2-FULL NAME Catherine Koch

(a) RESIDENCE NO. 766 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Koch

6 DATE OF BIRTH (month, day, and year) Jan 6/56

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	72	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Johannes Stieber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Friederika Sauerbauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Ferdinand Koch

(Address) 766 Ramsay St

15 FILED 12 6 1928 G. HANSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1928 to Dec 24 1928, that I last saw h alive on Dec 24 1928, and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows: Bronchitis, Cardiac Insufficiency

CONTRIBUTORY (Secondary) (duration) Coma yrs. mos 24 ds.

18 Where was disease contracted (duration) yrs. mos 2 ds. if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) H. E. Knipp M. D.

Dec 27 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount London Park DATE OF BURIAL 12/27/28

20 UNDERTAKER Harry A Wilke ADDRESS 1531 W Lombard St

Spec.—1-12-23—M&T—500 Bks.

E 40644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40644

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Argyle ST. 17-24 WARD)

2-FULL NAME Cornelia Wilson Drummond

(a) RESIDENCE No. 1334 Argyle ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Drummond

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

PARENTS

10 NAME OF FATHER Henry Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co Virginia

12 MAIDEN NAME OF MOTHER Ritty Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co Va

14 Informant Anye Watson
(Address) 1334 Argyle Ave

15 Filed ..... 19 ..... Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12 1928 to Dec 23 1928

that I last saw her alive on Dec 23 1928

and that death occurred, on the date stated above, at 12:15 a m

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Interstitial Nephritis (duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Harrison Jones M. D.

Dec 24 1928 (Address) 1334 Argyle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hollywood, Va.

DATE OF BURIAL Dec. 26, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Edmondson Ave

Spec.–7-17-26—A Co.—200 Bka.

E 40645

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 40645

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Bertha E. Rodenmayer

(a) RESIDENCE NO. 2210 Barclay Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 8 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth 65 yrs. 3 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) ~~Sept~~ 9/16/63 ~~Oct~~ - 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
~~Over~~	65	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Francis F. Rodenmayer

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary L. Howard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Fannie C. Gillespie (Friend)

(Address) 682 Orkney Road.

15 Filed 6 1928 C. Harold Jones, M. D. Registrar

By AKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/[illegible] 19..... to ..... 19.....

that I last saw h... alive on ..... 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

1a Spontaneous Pneumothorax

.....

.....

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) .....

. 19 (Address) ..... M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stewart Mower Co Date of Burial Dec 27/ 1928

20 UNDERTAKER Stewart Mower Funeral ADDRESS Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 40646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40646

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 149 N. Kenwood Ave (St.) 6-11 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Amelia Kipp

(a) RESIDENCE NO. 149 N. Kenwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Daniel Kipp

6 DATE OF BIRTH (month, day, and year): Nov. 9, 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bainbridge Pa

PARENTS

10 NAME OF FATHER: Allan Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co Penna.

12 MAIDEN NAME OF MOTHER: Mary Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Co. York Penna.

14 Informant (Address): James H. O Malley 149 N. Kenwood Ave

15 Filed 12 6 1928 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 26, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Dec. 26, 1928.

that I last saw her alive on Dec. 24, 1928

and that death occurred, on the date stated above, at 7 45 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Pessano M. D.

12-26, 1928 (Address) 514 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middletown Pa.

DATE OF BURIAL: 12/26 1928

20 UNDERTAKER: John G. Connelly

ADDRESS: Essex

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40647

90 E 40647

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 611 N Eutaw ave ST., 9-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Bitter

(a) RESIDENCE NO. 611 N Eutaw Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of the Late Joseph Bitter

DATE OF BIRTH (month, day, and year) Aug 21 - 1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Polster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph Bitter

(Address) 611 N Eutaw Ave

Filed ..... 19.. Registrar

261928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928, to Dec 24, 1928.

that I last saw h alive on Dec 24, 1928

and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows: Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Braun M. D.

12/26 1928 (Address) 99 E Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Dec 28 1928
20 UNDERTAKER	ADDRESS
Wm C. Miller Son	2334 Jeffer

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40648

CERTIFICATE OF DEATH.

170 E 40648

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gray

(a) RESIDENCE NO. 2140 E. Oliver St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Gray (nee Cuddy)

6 DATE OF BIRTH (month, day, and year) Sept 12/1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hammerslea Agency

9 BIRTHPLACE (city or town)

(State or country) Montreal Canada

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Ronald W. Cuddy (Step-son)

(Address) 2140 E. Oliver St

15 Filed C. HARRISON JONES, M. D. Registrar

1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot thru rt Temple

(Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

12/26/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Dec 28 1928

20 UNDERTAKER Wm. C. Willis & Son ADDRESS 2324 Jefferson St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40649

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 Riverside ave ST. 24-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Eckerl

(a) RESIDENCE NO. 1438 Rwerside ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Eckerl

DATE OF BIRTH (month, day, and year) april 17. 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	8	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at her home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md

10 NAME OF FATHER John Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

Informant Frank Eckerl

(Address) 1438 Riverside ave

Filed 12/20 19 28 C. HAMDEN JONES M. D. Registrar

6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 23, 1928

that I last saw h alive on Dec 23, 1928

and that death occurred, on the date stated above, at 11-30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. C. T. Cameron M. D.

12/20, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Joseph's Cem. Belair Rd.	Dec. 27 1928

20 UNDERTAKER M. J. Flynn

ADDRESS 1422 Light

Spec.—1-12-23—M&T—500 Blks.

E 40650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 40650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1632 Jackson ST. 24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Meier

(a) RESIDENCE NO. 1632 Jackson ST. 24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Meier

DATE OF BIRTH (month, day, and year) Dec 31 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Fredrick Schaldenbrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mathilda Spittenbrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Louis Meier

(Address) 1632 Jackson

Filed ..... 19 ..... C. HERBERT JONES

Registrar

6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Dec 26, 1928, that I last saw h[illegible] alive on Dec 25, 1928, and that death occurred, on the date stated above, at 4-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. 25 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Campbell M. D.

Dec 25, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL Dec 27 1928

20 UNDERTAKER M G Flynn

ADDRESS 1722 Light St.

Spec.—1-10-21—M&T—1500 Bks.

40651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 L 40651

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves ST. 15-61 WARD)

2-FULL NAME Charles Carland

(a) RESIDENCE No. 2200 Garrison Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie H. Sheehan

6 DATE OF BIRTH (month, day, and year) Jan. 20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	53	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paint Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Carland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Sarah Geltier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not obtainable

14 Informant Mrs Sadie Carland

(Address) 2200 Garrison Ave

DEC 7 1928

C. H. JONES, M. D.

Per ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-25 1928, that I last saw h[illegible] alive on 12-25, 1928 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head Pancreas

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at his home.

Did an operation precede death? Yes Date of Dec 8, 1928

Was there an autopsy?

What test confirmed diagnosis? Laboratory + Operation

(Signed) Nicholas W. Bonelli A.B. M.D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 12/28 1928

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 W Calvert

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40652

CERTIFICATE OF DEATH.

57 E 40652

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 S. Broadway (ST.) 4-46 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Disney.

(a) RESIDENCE No. 1744 Montpelier ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm F. Disney.

7 DATE OF BIRTH (month, day, and year): Feb 5th 1852

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76	10	20	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: John Dudrow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Mc Kenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Wm F. Disney.
(Address) 1744 Montpelier

Filed 12-27 1928 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 28 to Dec 25 1928, that I last saw h M alive on Dec 24 1928, and that death occurred, on the date stated above, at 6 00 m

The CAUSE OF DEATH* was as follows:

Cardiac disease

CONTRIBUTORY (Secondary) Rheumatism (duration) 2 yrs. mos. ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical sign

(Signed) Geo Teller M. D.

12-26-28 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Dec 28 1928

20 UNDERTAKER: Geo M. Smith & Son — ADDRESS: 811 W Fayette

Spec. –7-17-26—A Co.—200 Bks.

E 40653

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 40653

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3733 Keswick Rd St. 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Gertrude Kraus

(a) RESIDENCE NO. 3733 Keswick Rd St. Ward 13

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 10 mos. 8 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Elmer B. Kraus

6 DATE OF BIRTH (month, day, and year): Jan 18 1896

7 AGE: Years 32 Months 10 Days 8 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Kiantone

(State or country): Md

PARENTS

10 NAME OF FATHER: John A. Earhart

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Balto City

12 MAIDEN NAME OF MOTHER: Anna B. Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country):

14 Informant: Elmer B. Kraus

(Address): 3733 Keswick Rd.

15 Filed DEC 27 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Dec. 26, 1928, that I last saw h[illegible] alive on Dec. 25, 1928, and that death occurred, on the data stated above, at 2:25 P. m.

The CAUSE OF DEATH* was as follows:

Lagrippe (Influenza)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 24 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. F. Thompson M. D.

1/26 1928 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Red. Cem.

Date of Burial: Dec 29 1928

20 UNDERTAKER: John J. Horan

ADDRESS: 3000 E. Balto St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40654

1—PLACE OF DEATH the Cecil Apt

REGISTERED NO.

CITY OF BALTIMORE: (No. Eutaw near Dolphin St. WARD) 1924

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Ridgely Howard

(a) RESIDENCE NO. Eutaw near Dolphin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): June 4th 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	6	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Jr Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Octavia Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: J H Howard

(Address) Cecil Apt

Filed ... 19... Registrar

T 1928 Dec.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1928, to Dec 26th, 1928, that I last saw her alive on Dec 26th, 1928, and that death occurred, on the date stated above, at 4.00 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Acute Bronchitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. A. Ashland, M. D.

Dec 26th, 19... (Address) 1300 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Dec 28 1928
20 UNDERTAKER	ADDRESS
J N Jenkins Son Co	Portland Me

Cor.—12-9-25—A Co.—200 Bks.

E 40655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

E 40655

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2131 Mc Henry St. 20-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Mesmeringer

(a) RESIDENCE NO. 2131 Mc Henry St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 3, 1928

7 AGE — Years: — Months: 9 Days: 23 If LESS than 1 day..... hrs. or.....min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Bath

(State or country)

PARENTS

10 NAME OF FATHER Christopher Mesmeringer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret O'Connor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bath

14 Informant: Margaret O'Connor

(Address) 2131 Mc Henry St.

15 Filed....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

following Flu

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) Chas. [illegible] M. D.

(Coroner) [illegible]

, 19 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Dec 27 1928

20 UNDERTAKER: [illegible] & S' Frisk — ADDRESS: 25 [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40656

CERTIFICATE OF DEATH.

90

REGISTERED No. (40656)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 21-29 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Creighton

(a) RESIDENCE No. 1822 woodward St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Creighton

6 DATE OF BIRTH (month, day, and year) [illegible] 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Germany

PARENTS

10 NAME OF FATHER Creighton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Margaret Stansbury

(Address) 1822 Woodward Ave

15 Filed DEC 29 1928 C. Lawson Jones J. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lung cancer

Fatal (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hanson M. D. (Coroner)

12 6 1928 (Address) 701 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death [illegible] yrs. [illegible] mos. In the State [illegible] yrs. mos. ds.

Where was disease contracted, if not at place of death? 1822 Woodward

Former or usual residence 1822 woodward

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial 12/27 1928

20 UNDERTAKER Wm Cook — ADDRESS 1217 N Paca St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40657

CERTIFICATE OF DEATH

100-001

E 40657

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. 70-70 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Foeller

(a) RESIDENCE NO. 1025 Kelton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (Write the word): Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1839

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant

Filed FEB 1928 BALTIMORE CITY HOSPITALS

FEB 7 1928 C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/28

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 19 28, to 12/26, 19 28, that I last saw h[illegible] alive on 12/26, 19 28 and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Slack, M.D.

BALTIMORE CITY HOSPITALS

*State the Di[illegible] from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster	Dec 27 19 28
20 UNDERTAKER George L. Schmidt	ADDRESS 110 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40658

27-56

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4718 Delaware Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Boone

(a) RESIDENCE NO. 4718 Delaware Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Boone

7 DATE OF BIRTH (month, day, and year) July 29, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 37 0

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Caroline County
(State or country) Maryland

10 NAME OF FATHER Robert Collison

11 BIRTHPLACE OF FATHER (city or town) Caroline Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Salisbury

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) United States

Informant Mr. John R. Boone

(Address) 4718 Delaware Ave.

Filed 2 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 25, 1928, that I last saw her alive on Dec 24, 1928 and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis & Chronic interstitial Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M Bowman Cook, M. D.

19 (Address) 626 N. Gilmor street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park, Clar

DATE OF BURIAL Dec 28, 1928

20 UNDERTAKER Joseph C. Cook

ADDRESS 1003 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

E 40659 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 E 40659

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital ST. 12-51 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis Lee

(a) RESIDENCE NO. 2801 Hampden Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Lee

DATE OF BIRTH (month, day, and year) May 12-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter & Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Co. Md

10 NAME OF FATHER Josiah Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Irene Lee

(Address) 2801 Hampden Ave.

FEB 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25-1928.

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Dec 25, 1925 that I last saw h- alive on Dec 25, 1925 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Examination by

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/26, 1928 (Address) 342 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	Dec. 28 1928.
20 UNDERTAKER Horace F. Burgee	ADDRESS 4631 Falls Road.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40660

CERTIFICATE OF DEATH.

18-901 E 40660

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No.) 6 Caroline (St.) (Ward) 12-503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry a Prunty

(a) RESIDENCE NO. 303 Lorraine Ave (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline M. Brink

6 DATE OF BIRTH (month, day, and year): July 16 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 604

(b) General nature of industry, business, or establishment in which employed (or employer): Printing Art

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Antigua Maryland

PARENTS

10 NAME OF FATHER: John E. Prunty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Martin Prunty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Prunty

(Address): 303 Lorraine Ave

15 Filed: 271928 G. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-25-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-13-28 to 12-25-28.

that I last saw him alive on 12-25-28

and that death occurred, on the date stated above, at 8 29 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Lung Consolidation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 12-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) W B Hendrix M. D.

(Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec. 29, 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 5000 E. Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40661

161-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 40661

1-PLACE OF DEATH

City of BALTIMORE: (No. 129 N. Potomac St., 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Sewell Jr.

(a) RESIDENCE NO. 129 N. Potomac St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 25, 28

7 AGE: Years 0 | Months | Days | IF LESS than 1 day 3 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER Edwin J Sewell

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Elinor Streiter

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant Mrs. Edwin J. Sewell

(Address) 129 N. Potomac St.

15 Filed ... 19 ... Registrar.

2-1028

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 25 - 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 19 28, to Dec. 26, 19 28,

that I last saw h... alive on Dec. 26, 19 28,

and that death occurred, on the date stated above, at 1.00 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Artigiani, M. D.

, 19 (Address) 2942 Efayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemtery — Date of Burial: Dec. 27, 19 28

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto St.

Spec.—12-9-25—A Co.—200 Bks.

E 40662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 E 40662

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 Batavia ave St. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Meisenhalter

(a) RESIDENCE NO. 3300 Batavia ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26/1849

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
79	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany
(State or country)

PARENTS

10 NAME OF FATHER Frank Meisenhalter

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Ger.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Ger

14 Informant Pauline Meisenhalter
(Address) 3300 Batavia ave

15 Filed 27 1928 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/22/28 19 to 12/24/28 19, that I last saw h alive on 12/24/28 and that death occurred, on the date stated above, at 7.05 a m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis - Hypostatic Pneumonia,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? P

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical,

(Signed) Kyle A Foley M. D.

. 19 (Address) 1105 Wash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 28 1928

20 UNDERTAKER: Jos. J. Merrow Son — ADDRESS: 156 N. Eutaw Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74 901 ✓ E 40663

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1916 Mt Royal Terrace ST. 13-20 (WARD)

2—FULL NAME Charles L. Leber

(a) RESIDENCE NO. 1916 Mt Royal Terrace ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora Everhart Leber

DATE OF BIRTH (month, day, and year) aug 7 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country) York Penna

10 NAME OF FATHER Henry Leber

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Penna

12 MAIDEN NAME OF MOTHER Sarah Lightner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Penna

Informant Claude E. Leber

(Address) 1712 Bolton St

Filed DEC 27 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1928 to Dec 27 1928

that I last saw him alive on Dec 27 1928

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stephen F. Steelman, M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec 28 1928
20 UNDERTAKER	ADDRESS
Chas. G. Black	142 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40664

CERTIFICATE OF DEATH

124 E 40664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1250 William ST. 24-33 (WARD)

2-FULL NAME Louis Cole

(a) RESIDENCE NO. 1250 William ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Cole

DATE OF BIRTH (month, day, and year): June 19, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): 003

(c) Name of employer: Proprietor

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant (Address): Elizabeth Cole, 1250 William St.

Filed DEC 27 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 25, 1928, that I last saw h[illegible] alive on Dec 25, 1928, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic nephritis (duration) unknown yrs. mos. ds.

Myocarditis

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) W. Webster, M. D.

12-27, 1928 (Address) 137 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 28 1928

20 UNDERTAKER: John H. Denny

ADDRESS: 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40665 — 101-001 — E 40665

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 543 N Washington St. WARD 9) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E. Lee Atchison

(a) RESIDENCE NO. 543 N Washington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widowed

If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Jennie V Atchison

DATE OF BIRTH (month, day, and year) Sept 18 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Corker

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER Howell Atchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Lydia Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

Informant Mrs Lottie Bumbrey

(Address) 543 N Washington St

Filed ..... 19 ..... C. HARRY JONES, M. D. Registrar

12 7 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 24, 1928

that I last saw h[illegible] alive on Dec 24 1928

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Stewart M. D.

12/28, 19 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 27 1928
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40666

CERTIFICATE OF DEATH.

90 E 40666

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 Wyatt ST. 21 29 WARD)

2-FULL NAME Earl LeRay Hardesty

(a) RESIDENCE NO. 502 Wyatt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 15 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	22	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Glenbrook Maryland

10 NAME OF FATHER John Hardesty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis Md

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penfield Md

Informant Mr Randolph Hardesty

(Address) 502 Wyatt st

Filed 2-7 1928 C. HERBERT WILKINS, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Dec. 23, 1928, that I last saw him alive on Dec. 23, 1928 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency —

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation, Chronic Passive Congestion (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) A. V. Bruneau M. D.

12/26, 1928 (Address) 3 J & Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Dec 28, 1928

20 UNDERTAKER: John F Denny — ADDRESS: 415 Lig[illegible] St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40667

CERTIFICATE OF DEATH.

129 E 40667

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Brunt St. 11-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Morris Alston

(a) RESIDENCE NO. 533 Brunt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ind

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Geo. Alston

11 BIRTHPLACE OF FATHER (city or town) N.C.

(State or country)

12 MAIDEN NAME OF MOTHER Atkinson

13 BIRTHPLACE OF MOTHER (city or town) N.C.

(State or country)

14 Informant John Leonard

(Address) 1110 N. Bond St.

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Leach M. D.

(Coroner)

Dec 24, 1928 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cemetery Date of Burial 12/27 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 1116 N. Carey St.

27 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40668

CERTIFICATE OF DEATH.

100-001 E 40668

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 N. Caroline St. 5-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irvin Keyes

(a) RESIDENCE NO. 210 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Irvin Keyes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Jacob Adlery

(Address) 210 N. Caroline

15 Filed 12/20/28 19 [illegible] Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Dec 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cairns M. D.

(Coroner)

12/20/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Cedar Cem 12/28 1928

20 UNDERTAKER Chas. W. Johnson ADDRESS 446 N. Carolina St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40669

CERTIFICATE OF DEATH.

90 E 40669

1-PLACE OF DEATH
City of BALTIMORE: (No. Charles St. Ave. & Melrose Ave. St., Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Moore

(a) RESIDENCE NO. 610 N. Caroline St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 35 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Geo. Hooper
11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)
12 MAIDEN NAME OF MOTHER: Mary Emolde
13 BIRTHPLACE OF MOTHER (city or town): Va.
(State or country)

14 Informant: Mary A. Bryan
(Address) 610 N. Caroline St.

15 Filed ..... 1928 Registrar

C 271928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy and Inquiry found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
8 Years
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) John H. Morrison M. D.
(Coroner)

12/26, 1928 (Address) 3C32 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial 12/28 1928

20 UNDERTAKER: Chas. N. Johnson ADDRESS 446 N. Carlton St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4702907 3

1-PLACE OF DEATH 3346 Steinekland St. REGISTERED NO. 4702907 3

CITY OF BALTIMORE: (No. 3346 ST. 70-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna L. McGraw

(a) RESIDENCE NO. 3346 Steinekland St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W.	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward R. McGraw

DATE OF BIRTH (month, day, and year) June 10-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	28			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Archie Nusbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Gertrude Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Geo Farley

(Address) 3346 Steinekland St

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to Dec 25 1928, that I last saw her alive on Dec 24 1928 and that death occurred, on the date stated above, at 9 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Sept-28

Was there an autopsy? no

What test confirmed diagnosis? Clin Phy Exam

(Signed) Fred J. Kyger, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 12/27/28

20 UNDERTAKER: Engel & Farley Sutton & Hazen ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 40671

E 40671

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1127 Briscoe ST. 21-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Ferguson

(a) RESIDENCE NO. 1127 Briscoe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Ferguson

DATE OF BIRTH (month, day, and year) July 27 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cleveland

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Susie Ferguson

(Address) 1127 Briscoe St.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/28

17

I HEREBY CERTIFY, That I attended deceased from 12/18/28, to 12/24/28

that I last saw h alive on 12/23/28

and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

Bac Influenza (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Bowley, M. D.

12/24/28 (Address) 1908 S Shore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec. 27 1928
20 UNDERTAKER	ADDRESS
Sam'l M. Chase & Son	1400 Mosher

E 7 1928

Rec.—2-29-28—L. F. S.—500 Bks.

E 40672

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 40672

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 15-25 WARD)

2—FULL NAME Andrew Freeman

(a) RESIDENCE NO. 1357 Stockton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

DATE OF BIRTH (month, day, and year): October 31, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Ga

10 NAME OF FATHER: Andrew Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

Informant:

Address: BALTIMORE CITY HOSPITALS

Filed ..... 19..... C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/24/28

17

I HEREBY CERTIFY, That I attended deceased from 11/26, 1927 to 12/24/28, 1928

that I last saw h— alive on 12/24/28

and that death occurred, on the date stated above, at 5:15 A.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Dec. 28 1928

20 UNDERTAKER: Joseph A. Sirk ADDRESS: 408 Fremont

Spec.—2-29-28—L. F. S.—500 Bks.

E 40673

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40673

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 S. Clinton ST. 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. G. Long

(a) RESIDENCE NO. 927 S. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Belle Long.

DATE OF BIRTH (month, day, and year) Feb. 12. 1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	10	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md.

10 NAME OF FATHER Wm. P. Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

12 MAIDEN NAME OF MOTHER Rebecca Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

Informant Anna Belle Long

(Address) 927 S. Clinton St

Filed ....., 19 .....

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Dec 26, 1928.

that I last saw him alive on Dec 25, 1928

and that death occurred, on the date stated above, at 8-5 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectaris

(duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Observation

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton M. D.

12/26 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec. 29 1928
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E. Eager st

Spec.—1-10-21—ALGT—4,000 Bks.

E 40674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40674

CERTIFICATE OF DEATH.

X 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital St. 4-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Buchanan

(a) RESIDENCE NO. Jarrettsville, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colord	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Buchanan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
36		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sanford Co Md

PARENTS

10 NAME OF FATHER March Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Thomas Buchanan

(Address) Jarrettsville Md

15 Filed 1928 C. Hiss Rogers, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/10, 1928, to 12/27, 1928,

that I last saw h er alive on 12/27, 1928,

and that death occurred, on the date stated above, at 6:20 a m.

The CAUSE OF DEATH* was as follows:

Diabetes

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. P. Cummings, M. D.

, 19 (Address) St Joseph's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Federal Hill cemetery — DATE OF BURIAL 12/29 1928

20 UNDERTAKER E. Kurtz — ADDRESS Jarrettsville Md

Spec.—1-10-21—M&T—1500 Bks.

Stutler

40675869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 131 E 40675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Stutler

(a) RESIDENCE NO. 1006 Summit, W. ST. 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Daisy

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 22 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farming

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Va.

PARENTS

10 NAME OF FATHER: Perry Stutler

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Va.

12 MAIDEN NAME OF MOTHER: Norah Durst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Va.

14 Informant: Friends

(Address)

15 Filed 19 C. H[illegible] Registrar

at

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-26 1928

17 I HEREBY CERTIFY, That I attended deceased from December 9, 1928, to Dec-26, 1928, that I last saw h[illegible] alive on December 26, 1928, and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Pyonephrosis
Pyelonephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith M. D.

12/27 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarksburg W Va — DATE OF BURIAL 12/29/28

20 UNDERTAKER: Joseph Ahrens — ADDRESS 221 Bway

Cor.—12-9-25—A Co.—200 Bks.

E 40676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-601

E 40676

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Blaze

(a) RESIDENCE NO. 625 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Blaze

6 DATE OF BIRTH (month, day, and year) [illegible] - - 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	50	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of Industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER David Blaze

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Annie Young

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant David Blaze

(Address) 625 Mosher St

15 Filed [illegible] 19 [illegible] Registrar

27 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Probably influenza a

(duration) yrs. mos. 5 ds.

(Signed) James W Preston M. D.

(Coroner)

12 29 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 626 Mosher

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Dec 27 1928

20 UNDERTAKER: The Kate R Williams — ADDRESS: 2[illegible] Lexington St

...ec.—2-29-28—L. F. S.—500 Bks.

E 40677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

1—PLACE OF DEATH

REGISTERED NO. E 40677

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1013 W Saratoga ST., 18-16 WARD)

2—FULL NAME Edna Snell

(a) RESIDENCE NO. 1013 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | 4 COLOR OR RACE: Col'd | 5 Single, Married, Widowed, or Divorced, (write the word): Mar.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) August 1, 1890

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	38	4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: William Snell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md.

12 MAIDEN NAME OF MOTHER: Glendora Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Lillian Walker

(Address): 1015 Mulberry

Filed ... 1928 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/28

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 19 28, to Dec 24, 19 28,

that I last saw h... alive on Dec 23, 19 28

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Howard, M. D.

(Address) 1323 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Dec 27, 1928
20 UNDERTAKER	ADDRESS 327 N
Mrs. Rose R. Williams	Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Runcka, 800 Port Pk Ave

E 40678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40678

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 E. Biddle ST., 8-13 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate L. Timms

(a) RESIDENCE NO. 1801 E. Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: James B. Timms

DATE OF BIRTH (month, day, and year): June 27, 1856

AGE: Years 72; Months 6; Days 28; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: At Home

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: George A. Bodensiek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Nellie F. Simpson

(Address) 801 E. Biddle St

Filed DEC 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 19 28 to Dec 26 19 28

that I last saw h[illegible] alive on Dec 24 19 28

and that death occurred on the date stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Dropsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Snyder Sto M. D.

12-26 19 28 (Address) 800 Madison Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Lloyd

DATE OF BURIAL: 12 27 19 28

20 UNDERTAKER: W M Cook

ADDRESS: 1217 St Paul St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40679

CERTIFICATE OF DEATH.

100-901 E 40679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2001 Park Ave ST., 13-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Catherine Hopkins

(a) RESIDENCE NO. 2001 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luther W. Hopkins.

6 DATE OF BIRTH (month, day, and year) Dec 16-1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Matthews

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant L. Howard Hopkins

(Address) 2 Layfl Rd

15 Filed DEC 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 28

17 I HEREBY CERTIFY, That I attended deceased from 12/22, 1928, to 12/26, 1928, that I last saw h[illegible] alive on 12/26 1928, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronch. Pneumonia

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2001 Park Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical Exam

(Signed) Jack. P. Morgan, M. D.

12/26 1928 (Address) 6 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burying Ground | DATE OF BURIAL Dec 28th 1928

20 UNDERTAKER Herbert Boyd Kerbert & Boyd | ADDRESS 1723 W Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

E 40680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 40680

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital S. 14-20 WARD)

2-FULL NAME Isadore Weinberg

(a) RESIDENCE NO. 2036 Linden ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sara Raund

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs D Weinberg
(Address) 2036 Linden ave

15 Filed DEC 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24. 1928. to Dec 27. 1928.

that I last saw him alive on Dec 27. 1928.

and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows:

Hypertension, Chronic Nephritis
Uraemia, Cardiac Enlargement
Diabetes Albuminuric
Retinitis (duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? 2036 Linden ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Julius Henry, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rehrersburg	12/29 1928
20 UNDERTAKER	ADDRESS
Jack Levin	14 39 Balto

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40681

CERTIFICATE OF DEATH

22 E 40681

1—PLACE OF DEATH Sydenham Hospital REGISTERED NO.

CITY OF BALTIMORE. (No. ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Russo

(a) RESIDENCE NO. 919 Lon— ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 6, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Angelo Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Mangoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Sydenham Hosp record

(Address)

Filed 19 Registrar

DEC 27

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 19 28, to Dec 26, 19 28, that I last saw h alive on Dec 26, 19 28 and that death occurred, on the date stated above, at 7 20 A. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cerebrospinal fluid paralysis

(Signed) S Strachman, M. D.

19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cem.

DATE OF BURIAL 12/27/28

20 UNDERTAKER Geo J Ruth & Son

ADDRESS 1735 Harford Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40682

101-001 L

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. E 40682

City of BALTIMORE: (No. 112 N. Poppleton St. 18-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Mack (McElwee)

(a) RESIDENCE NO. 112 N. Poppleton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blossom Mack

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) S. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Blossom Mack

(Address) 112 N. Poppleton St

15 Filed ... Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 - 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry find that said deceased came to (Inquest, autopsy or inquiry.) his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Agnew Gillis M. D.

(Coroner)

12/23. 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newport News, Va. Date of Burial Dec 24, 1928

20 UNDERTAKER Mrs. Nate R. Williams ADDRESS 324 Church St

Cor.—12-9-25—A Co.—200 Bks.

40683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 E 40683

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Sterling St 10-14 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Bailey

(a) RESIDENCE NO. 1020 Sterling St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
f male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 26/1906

7 AGE	Years	Months	Days 29.	IF LESS than 1 day.....hrs. or.....min.
	22	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Irving Bailey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lucy Barnes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Lucy Washington (mother)

(Address) 1020 Sterling St

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-Frac of Skull. Jumped out 2nd story windowk Sulcide

(duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. H. Owen M. D.

(Coroner)

12-27-28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial Dec. 27, 1928

20 UNDERTAKER Wm. R. A. Elliott ADDRESS 725 Eastlandon

C 271928 T. F. A. Dec

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40684
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

118-001 V E 40684

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leander Hawkins

(a) RESIDENCE NO. 1510 E. Madison St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hawkins

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 609

(c) Name of employer North Bros.

9 BIRTHPLACE (City or town)

(State or country) Mexico

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) H

12 MAIDEN NAME OF MOTHER H

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Wife

(Address) 1510 E. Madison St

Filed DEC 27 1928 Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said

inquiry (Inquest, Autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis- Peritonitis

Strangulated Hernia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cain, M. D.
(Coroner)

12/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial 12-28-28

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1215 Carlton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40685

CERTIFICATE OF DEATH

100-001 E 40685

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 307 N. Parrish ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ~~Evelyn~~ Elvira Colbert

(a) RESIDENCE NO. 307 N Parrish ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): Oct 18th 26

AGE: 2 Years 2 Months 9 Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Ralls, Texas

10 NAME OF FATHER: Milton Colbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ralls, Texas

12 MAIDEN NAME OF MOTHER: Vina Pittman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ralls, Texas

Informant: Mrs. Colbert

(Address) 307 N. Parrish st

Filed 27 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-26-28

17

I HEREBY CERTIFY, That I attended deceased from 12-24-28, 19, to 12-26-28, 19, that I last saw her alive on " , 19, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Rickets, Chronic Bronchitis

(duration) 2 yrs 7 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Denson, M. D.

12-26-28 (Address) 524 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 29th 19
20 UNDERTAKER	ADDRESS
A. Jones	1116 Gilmor

Spec.—1-12-28—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40686

CERTIFICATE OF DEATH.

100-001 ✓ E 40686

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Baker ST. 14-20 (WARD)

2-FULL NAME Helen B Harris

(a) RESIDENCE NO. 517 Baker ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): child

6 If married, widowed, or divorced: (a) HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug —

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Bernard Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Stella Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Bernard Harris 517 Baker

Filed DEC 27 1928 H. Fay Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 25, 1928

that I last saw h[illegible] alive on Dec 25, 1928

and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Cert

(Signed) J. H. Walters, M. D.

, 19 (Address) 15 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion cemetery

DATE OF BURIAL: Dec. 20 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Pressman

Spec.—2-29-28—L. F. S.—500 Bks.

Dodd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40687

CERTIFICATE OF DEATH

90 E 40687

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3218 (Street) Shelburne Road (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lula B. Dodd

(a) RESIDENCE NO. 3218 (Usual place of abode) Shelburne Road WARD

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed or divorced, HUSBAND of (or) WIFE of: Jacob A Dodd.

7 DATE OF BIRTH (month, day, and year): June 22 - 1858

8 AGE: Years 70 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Jacob Hoyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynchburg Va

12 MAIDEN NAME OF MOTHER: Stubblefield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant: Mrs Rennie McLaughlin

(Address) 3218 Shelburne Road

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec-26-28

17 I HEREBY CERTIFY, That I attended deceased from Dec-24, 1928, to Dec-26, 1928, that I last saw her alive on Dec-26, 1928, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, with myocardial degeneration, and Decompensation (duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation & Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wesley Cole, M. D.

1/26 1929 (Address) 2202 Ramona

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 1/28 1929

20 UNDERTAKER: [illegible] & Son

ADDRESS: Baltimore

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40688

CERTIFICATE OF DEATH.

57 E 40688

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST., 8/12 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Charles Graetzel

(a) RESIDENCE No. 2503 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Mary A. Harrison Graetzel

DATE OF BIRTH (month, day, and year): Dec-12-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) ..... City
(State or country)

10 NAME OF FATHER: Dr Henry Graetzel

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

Informant: Mrs Mary A. Graetzel
(Address) 220 St Paul St

Filed DEC 27 1928 ..... JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1928

17

I HEREBY CERTIFY, That I attended deceased from December 24, 1928, to Dec 25, 1928, that I last saw he alive on December 25, 1928 and that death occurred, on the date stated above, at 4 25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 hr

CONTRIBUTORY (Secondary) Hypertension & Diabetes (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon K. Howard M. D.

12-27, 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Dec 28, 1928

20 UNDERTAKER: Wm J. Tuckner & Sons — ADDRESS: N. Y. Pa.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 40689

CERTIFICATE OF DEATH

E 40689

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 32 S. Potomac ST., V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph T. Danaher

(a) RESIDENCE NO. 32 S. Potomac ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Danaher

DATE OF BIRTH (month, day, and year) June 16 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Battalion Chief

(b) General nature of industry, business, or establishment in which employed (or employer) City Fire Dept

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Daniel Danaher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Linine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mary M. Danaher (wife)

(Address) 32 S. Potomac St.

Filed DEC 27 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24/28

17

I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1928, to Dec. 24, 1928,

that I last saw h[illegible] alive on Dec. 24, 1928

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Frank N. Ogden, M. D.

, 19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec. 28 1928

20 UNDERTAKER Lilly-Zeiler Inc — ADDRESS 403 S. Wolfe St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40690

CERTIFICATE OF DEATH.

12 40690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Woodbourne Ave ST.) (WARD)

2-FULL NAME Sarah E. Donohue

(a) RESIDENCE No. 2406 Woodbourne Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Wm. F. Donohue

DATE OF BIRTH (month, day, and year) March 15 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	76	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Towson Balto Co Md

10 NAME OF FATHER Lawrence Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Sinnott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mary E. Scott

(Address) 4123 Bayonne St

FILED 1928 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 25 1928

17

I HEREBY CERTIFY, That I attended deceased from DEC 15 1928 to DEC 25 1928

that I last saw her alive on DEC 25 1928

and that death occurred, on the date stated above, at 10 40 A m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Manifestations & Clinical

(Signed) Wm F. Sullivan M. D.

12/26, 1928 (Address) 1701 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 12-28-28

20 UNDERTAKER Martin Funeral Home — ADDRESS Mt Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40691

CERTIFICATE OF DEATH.

185 E 40691

1-PLACE OF DEATH

City of BALTIMORE: (No. National Bank Dulaney St., 9-27 Ward)

Co. water & Sar

2-FULL NAME Louis Mueller

(a) RESIDENCE NO. 1022 E. 36 St. _____ Ward _____

(Usual place of abode)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose Mueller

6 DATE OF BIRTH (month, day, and year): March 8, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Fred. Mueller

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: B. Gold

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Rose Mueller

(Address) 1022 E. 36

Filed _____ 19 _____

C. HAMPSON JONES, M. D.

Registrar

71928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC. 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

accidentally Freedom Step Ladder

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

(Signed) _____ M. D.

(Coroner)

(Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: Dec 28 1928

20 UNDERTAKER: John A. Moran

ADDRESS 3000 E. Balto

Spec.—1-12-23—M&T—500 Bks.

E 40692 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40692

CERTIFICATE OF DEATH.

31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Parish ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Burgess

(a) RESIDENCE No. 1115 N. Parish ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 5-1903

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
25	6	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper on Delivery

(b) General nature of industry, business, or establishment in which employed (or employer) 1 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Minnie Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Mrs Lewis

(Address) 1115 N. Parish St

Filed 1928 C. HAMPTON JONES, M. D.

By CAH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Dec 26, 1928, that I last saw h alive on Dec 25, 1928 and that death occurred, on the date stated above, at 11:25 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? T.B. Bacilli in Sputum

(Signed) Paul Brown M. D.

12-28 1928 (Address) 1837 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 12-28 1928

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

E 40693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40693

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1127 W Mulberry St 18 Ward)

2-FULL NAME Lucy Ford

(a) RESIDENCE NO. 1127 W Mulberry ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Joe Ford

6 DATE OF BIRTH (month, day, and year): Oct 21 1880

7 AGE: Years 48 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work 27

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): St Marys Co. Md.

PARENTS

10 NAME OF FATHER: Barton Short

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Minnie Short sister
(Address): 1127 W Mulberry st

15 71928 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 26, 1928, that I last saw h[illegible] alive on Dec 25, 1928, and that death occurred, on the date stated above, at 7 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Parenchymatous Nephritis

(duration) uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

12/27 1928 (Address) 1424 Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem

DATE OF BURIAL: 12/28 1928

20 UNDERTAKER: Daniel Easton

ADDRESS: 916 Pac

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 40694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40694

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

REGISTERED NO. 13-52

CITY OF BALTIMORE: (No. 3526 Roland Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard M. M. Hayes

(a) RESIDENCE. No. 3526 Roland Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15- 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milk Wagon Helper

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Western Md Dairy

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert J Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Blanch L Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Robert J Hayes
(Address) 3526 Roland Ave

15 [illegible] 271928 C. HAMPSON JONES, M. D.
Registrar
Per ACP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16- 1928 to Dec 27 1928

that I last saw h[illegible] alive on Dec 27 1928

and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Dec 28 1928 (Signed) E. A. Richardson M. D.
(Address) 1126 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 12/29 1928

20 UNDERTAKER Robert Brooks & Son

ADDRESS Catha[illegible] Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40695

CERTIFICATE OF DEATH

101-001 ✓

E 40695

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3229 Belair Ave (WARD) 26-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George. Ernest Wegget Sr.

(a) RESIDENCE NO. 3229 Belair Ave.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: May Wegget

DATE OF BIRTH (month, day, and year): Jan 1 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Ret

(c) Name of employer: Retired

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Wegget

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: George. E. Wegget Jr

(Address) 3229 Belair Ave

Filed ... 19 ... Registrar

71928 Per ... C.C.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1928, to Dec 27, 1928, that I last saw him alive on Dec 26, 1928, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul A Brown, M. D.

12/27, 19 28 (Address) 1837 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 28 1928
20 UNDERTAKER: Jos Joerdens Son	ADDRESS: 2178 Penn

Spec.—1-10-21—M&T—1500 Bks.

E 40696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 40696

CERTIFICATE OF DEATH.

24-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Saint Agnes Hospital ST. (Ward) 16-67

2-FULL NAME Mary F. Groeninger

(a) RESIDENCE No. 2921 Mosher ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo A Groeninger

6 DATE OF BIRTH (month, day, and year): Nov 6 1875

7 AGE: Years 53 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Martin Zeigler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Matilda Hoofe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Geo A Groeninger 2921 W Mosher St

15 DEC 7 1928 Registrar: C H Herring

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1928, to Dec 26 1928, that I last saw her alive on Dec 26 1928 and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage Cerebral apoplexy

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Gen. arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ophthal Exam

(Signed) Wilbur Erickson, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 12-29 1928

20 UNDERTAKER: H S Cummings & Son — ADDRESS 1136 Poplar Grove St

Spec.—12-9-25—A Co.—200 Bks.

(Lastner)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40697

CERTIFICATE OF DEATH.

129 E 40697

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1945 Lemmon West, 10-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia M Lastner

(a) RESIDENCE NO. 1945 Lemmon Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J Andrew Lastner

6 DATE OF BIRTH (month, day, and year) 12 18 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Chas. Grabb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Heise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Bernard Lastner

(Address) 1945 Lemmon Ave

15 Filed C. Hamilton Jones Jr. Registrar

1928 Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 24-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 1924, to Dec 25 1928, that I last saw alive on Dec 24 1928, and that death occurred, on the date stated above, at 5:15 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Edema Generalized

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj Dan Cuny M. D.

12/26 1928 (Address) 1000 Dawson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

Date of Burial 12 28 1928

20 UNDERTAKER H Brauning's Son

ADDRESS 1136 Poplar Grove St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40698

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 47

CITY OF BALTIMORE: (No. 13-57 ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Howard

(a) RESIDENCE NO. 1504 Fenwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. C. Howard

DATE OF BIRTH (month, day, and year) ?

AGE 66 Years — Months — Days If LESS than 1 day, — hrs. or — min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ? Md.

10 NAME OF FATHER Wm Corbin

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

Informant

(Address) BALTIMORE CITY HOSPITALS

Filed 1928 O. HARRISON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-28

17

I HEREBY CERTIFY, That I attended deceased from 12-6, 1928, to 12-27, 1928,

that I last saw h[er] alive on 12-27, 1928

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast, Rt.

Metastases to lung, Lft

CONTRIBUTORY (Secondary) Hydrothorax, Lft (duration) 4 yrs. mos. ds.

(duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Mach M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pooler Balto Co — DATE OF BURIAL Dec 30, 28

20 UNDERTAKER Edmondson Son — ADDRESS 911 Eastern Ave

rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40699 — 74-001 — E 40699

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 700 Richwood Ave ST., 27-48 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME C Clarence Chenoweth

(a) RESIDENCE NO. 700 Richwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Molly Chenoweth

DATE OF BIRTH (month, day, and year) April 29 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Oliver B. Chenoweth

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Martha Morrison

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

Informant Molly Chenoweth
(Address) 700 Richwood Ave

19 HAYDON
Registrar

271928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Dec 25, 1928,

that I last saw him alive on Dec 25, 1928

and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Haemorrhage 24 hrs before
Arteriosclerosis several years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hyland & Blake M. D.

, 19 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Dec 28 1928
20 UNDERTAKER	ADDRESS
Chenoweth Son	3615 Clifton

...ec.—2-29-28—L. F. S.—500 Bks.

E 40700

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 ✓ E 40700

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3946 Hickory Ave ST. 13-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary V Smith

(a) RESIDENCE NO. 3946 Hickory Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John J Smith

DATE OF BIRTH (month, day, and year) March 17 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0'3

(c) Name of employer

BIRTHPLACE (city or town) (State or country): md

10 NAME OF FATHER Thomas B Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER Mary Wheat

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

Informant Ethel Robinson

(Address) 3946 Hickory Ave

Filed ..., 19 ... EARLSON JONES II Registrar

71928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24th, 19 28, to Dec 26th, 19 28,

that I last saw h[illegible] alive on Dec 26th, 19 28

and that death occurred, on the date stated above, at 2:45 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) H. A. Fillar, M. D.

Dec 29, 19 28 (Address) 3611 Fair Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Dec 29 1928.
20 UNDERTAKER	ADDRESS
Edmund Olson	2415 Chestnut

rec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40701

CERTIFICATE OF DEATH

143-001 E 40701

1—PLACE OF DEATH

REGISTERED NO. 13-56

CITY OF BALTIMORE: (No. 820 Wellington St ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mabel F. Sterner

(a) RESIDENCE NO. 820 Wellington St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred L. Sterner

DATE OF BIRTH (month, day, and year): Aug 5, 1890

AGE: Years 38 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Wm. L. Broyles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lillie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Alfred Sterner

(Address): 820 Wellington St

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 24 1928

that I last saw h alive on Dec 24 1928

and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonal Tuberculosis

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): 6 months Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. D. Easley, M. D.

, 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Dec 29 1928

20 UNDERTAKER: Shroeder & Son

ADDRESS: 3610 Eastern

Spec.—12-9-25—A Co.—200 Blks.

(Petchovitch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40702

101-001

E 40702

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 336 Lehigh St. 16-37 (Ward)

2-FULL NAME Katrine Petchovitch

(a) RESIDENCE NO. 336 N. Lehigh St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Nikola Petchovitch

6 DATE OF BIRTH (month, day, and year): Dec-21-1856

7 AGE: Years 72 | Months | Days 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Petchovitch

(Address) 336 Lehigh St

15 1928 Filed Dec. 27 1928 C. [illegible] Registrar

Per AKB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-26- 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1928, to Dec 26, 1928, that I last saw her alive on Dec 26 1928, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Lod, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Pauls Rec. Date of Burial 29 1928

20 UNDERTAKER: Wm C Miller 2433 E Oliver

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40703 E 40703

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST. 76-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Mc Gowan

(a) RESIDENCE NO. 124 E. Clinton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McGowan

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Curtis McGowan

(Address): 124 E Clinton St

15 Filed DEC 27 1928 . 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

I HEREBY CERTIFY, That I attended deceased from December 18, 1928, to Dec. 27, 1928, that I last saw h alive on Dec 27, 1928, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) (6) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): Bronchial pneumonia

(duration) 2 yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of 12/20/28

Was there an autopsy? Yes What test confirmed diagnosis? Physical Signs

(Signed) J. Arthur Linde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Dec

DATE OF BURIAL: 30 1928

20 UNDERTAKER: John C. Miller

ADDRESS: 2735 E Monument 28

Cor.—12-9-25—A Co.—200 Bks.

E 40704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-203 E 40704

22-69

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital (Street)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oskar Hohlstamm.

(a) RESIDENCE NO. 2507 Ashton St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ------- How long in U. S., if of foreign birth? 28 yrs. ------- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXX XXXXXXXXXX Theresa Hohlstamm.

6 DATE OF BIRTH (month, day, and year) July 24 1855.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant E. F. Schneider. (German Consul)

(Address) Hansa House, Chas. & Redwood Sts.

15 Filed ..... 19..... Registrar

1928 Dec

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 28, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Probably accidentally struck by an automobile.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. Leonhardt M. D.
(Coroner)

12/27 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Annapolis Blvd. nr Glen Burnie B. & O. Co. Md.

Former or usual residence Dec. 22, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's 5th. Ref. Church Cemetery Date of Burial Dec. 27 1928

20 UNDERTAKER Henry Sander & Sons. Inc ADDRESS Baltimore St & Broadway

Spec.–7-17-26—A Co.—200 Bks.

E 40705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 E 40705

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4500 Reisterstown Rd St. 45-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred J. Schem

(a) RESIDENCE NO. 4500 Reisterstown Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Schem

6 DATE OF BIRTH (month, day, and year): Dec 29/1900

7 AGE: 27 Years 28 Months 11 Days 27 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto-Md

(State or country)

PARENTS

10 NAME OF FATHER Emanuel Goldsmith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Savannah Ga.

12 MAIDEN NAME OF MOTHER Lena Goldsmith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto-Md

14 Informant Samuel Schem

(Address) 4500 Reisterstown Rd

15 Filed C. Harrison Jones, M. D. Registrar

1928 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1928, to Dec. 27, 1928, that I last saw h.r alive on Dec. 26, 1928, and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes. Sputum +

(Signed) Henry S. Willis, M. D.

Dec. 27 1928 (Address) Med Arts Bldg Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cemetery Date of Burial Dec 29th 28

20 UNDERTAKER J. Ahearn Funeral Chapel ADDRESS 2432 Reisterstown Rd

pec.—2-29-28—L. F. S.—500 Bks.

E 40706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 40706

1—PLACE OF DEATH

REGISTERED NO. 92-56

CITY OF BALTIMORE: (No. 4203 Belvieu Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lawrence Wesley Baker

(a) RESIDENCE NO. 4203 Belvieu Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 3 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Baker

DATE OF BIRTH (month, day, and year) Aug. 27, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3 4	28 0	

OCCUPATION OF DEECEASED

(a) Trade, profession or particular kind of work Clerk 69

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer B. & O. R.R.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. Howard S. Baker

(Address) 4203 Belvieu Ave

FILED 1928 Dec. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1928, to ~~Dec~~ 27th, 1928, that I last saw him alive on 26th Dec, 1928 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) two yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. F. Hill, M. D.

12.27, 1928 (Address) 3711 Liberty Heights ave

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Dec. 29, 28
20 UNDERTAKER	ADDRESS
Wm Pickrell Sons	North & Pa.

Spec.—1-10-21—M&T—1500 Bks.

E 40707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 101 SOR 40707

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST 11-70 WARD)

2-FULL NAME Mr Louis Tirone

(a) RESIDENCE NO. Charles & Mt Royal Aves. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Harry Berman Residence Carlton Hotel

(Address) Arundel Hotel Interment Sacred Heart Date Dec 29 1928

15 Filed 7 1928 C. HARRISON JONES, M. D. Registrar

Per Dorsey

16 UNDERTAKER Wm J Tucknevtson ADDRESS N. Y Pa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1928, to Dec. 26th, 1928

that I last saw h alive on Dec. 26th, 1928

and that death occurred, on the date stated above, at 5. A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

R. Lung.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H Mogner M. D.

Dec 26, 1928 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

...sec.—2-29-28—L. F. S.—500 Bks.

40708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 ✓ E 40708

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 934 Poplar Grove St. 16-67 WARD)

2—FULL NAME Amelia Rea

(a) RESIDENCE NO. 934 Poplar Grove St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Rea

DATE OF BIRTH (month, day, and year): Dec 30, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Michael Eiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Shuey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. md.

Informant: Mary L. Higdon

(Address) 934 Poplar Grove St

Filed ... 19 ...

C 231328 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25-1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928 to Dec 25, 1928

that I last saw her alive on Dec 25, 1928

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 4 yrs. 1 mos. ½ ds.

CONTRIBUTORY (Secondary) myocarditis & Arteriosclerosis of Lungs (duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) John A. Hatcher M. D.

12/27, 1928 (Address) 1219 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 28 1928

20 UNDERTAKER: Margaret J. Flynn — ADDRESS: [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 40709

CERTIFICATE OF DEATH.

E 40709

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 931 Shield Place 1-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Wells

(a) RESIDENCE NO. 931 Shield Place St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Winnie Wells

6 DATE OF BIRTH (month, day, and year) May 16 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Thos. Wells

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Reed

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Jos. Wells

(Address) 541 Orford

15 Filed DEC 28 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ds.

(Signed) T. B. Link. M. D.

(Coroner)

Dec 25th 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Dec 28 1928

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

E 40710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1855 E 40710

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. Ward)

2-FULL NAME Russell C. Buckingham

(a) RESIDENCE NO. 20 Shady Rd Lane Govanstown Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lineman
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm H. Buckingham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Shipley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Emma Mrs. Buckingham
(Address)

Filed 8 1928 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry, and from my own knowledge, find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows:
Fracture of skull
Fall from telegraph pole
Accidental
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Jos. H. Morrison M. D.
(Coroner)
192 (Address) 3073 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Fair Md. Date of Burial Dec. 29 1928

20 UNDERTAKER [illegible] ADDRESS [illegible] Dykesville Md

Spec.—1-12 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40711

CERTIFICATE OF DEATH.

66 E 40711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 830 W Pratt (ST.) 17-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ADOM SLIAKIS

(a) RESIDENCE No. 830 W Pratt ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) No. 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
41		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithvania

10 NAME OF FATHER Adom Sliakis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Mary Kichas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant Vincet Kichas

(Address) 287 South Paca St

[illegible] 19 [illegible] M. D.

281928 19 Russ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-20 1928 to 12-26 1928

that I last saw h alive on 12-26 1928

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Habitual

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dunn M. D.

19 (Address) 1129 Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 30 1928
20 UNDERTAKER	ADDRESS
John Greblinckas J.G.	433 S Paca St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 E 40712

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2334. E. North ave. (WARD) 816

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia. M. Sadler

(a) RESIDENCE NO. 2334. E. North ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Edward. Sadler

DATE OF BIRTH (month, day, and year): July. 3/1865

AGE: Years 63 | Months 5 | Days 23. | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Hickory. Harford. Co.

10 NAME OF FATHER: Edward Sadler.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hickory. Harford. Md.

12 MAIDEN NAME OF MOTHER: Julia. Bussey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hickory. Harford. Co

Informant: Mary. E. Richards.

(Address) 2334. E North ave.

28 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-26-28

17

I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 12/26, 1928

that I last saw h[illegible] alive on 12/26 1928

and that death occurred, on the date stated above, at 1 PM in.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

CONTRIBUTORY (Secondary): Influenza Pneumonia (duration) yrs. mos. 2 ds.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dane Miller, M. D.

12/26 1928 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	12/28 1928
UNDERTAKER	ADDRESS
George Ruth	1735 Harford Ave

...ec.—2-29-28—L. F. S.—500 Bks.

40713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 40713

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 E. Fayette ST., 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Nell

(a) RESIDENCE NO. 1511 E. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE: Years 84 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Hanover Co Va

10 NAME OF FATHER: Duncan Nell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mary L. Poles

(Address) 1511 E. Fayette St

Filed ... 1927 ... JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1928, to Dec 26 1928, that I last saw h[illegible] alive on Dec. 25 1928, and that death occurred, on the date stated above, at 11 10 a m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

Infirmities

CONTRIBUTORY (Secondary): Heart failure (duration) ... yrs. ... mos. ... ds.

Senility (duration) ... yrs. ... mos. ... ds.

t8 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fohne, M. D.

12-27 1928 (Address) 612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment Bent

DATE OF BURIAL: Dec 29 1928

20 UNDERTAKER: J. Frederick Wm

ADDRESS: 118 E Hoffman St

pec.—2-29-28—L. F. S.—500 Bks.

E 40714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4th E 40714

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5829 Belair Road (ST.,) (WARD) 46

2—FULL NAME Joseph La Grande

(a) RESIDENCE NO. 5829 Belair Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie La Grande

DATE OF BIRTH (month, day, and year) Dec 24 1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	67		3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit

(c) Name of employer Business For self

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Louis La Grande

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Torano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Dominick La Grande

(Address) 5829 Belair Road

Filed DEC 28 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1928, to Dec. 27, 1928, that I last saw him alive on Dec. 27, 1928 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Mott Cummins M. D.

12/27 1928 (Address) 2310 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12/29 1928
20 UNDERTAKER Frank V. Lipsitz	ADDRESS 2818 E. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 40715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 18 E 40715

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. 5 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mr Charles Noble.

(a) RESIDENCE NO. Hurlock Md. ST. WARD Federalsburg Md.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 12. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Mknow

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mknow

10 NAME OF FATHER Mknow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mknow

12 MAIDEN NAME OF MOTHER Mknow

13 BIRTHPLACE OF MOTHER (city or town) Mknow (State or country)

Informant J. F. Dampton
(Address) Hurlock Md

28 1928 [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1928 to Dec 28 1928.

that I last saw him alive on Dec 27 1928

and that death occurred, on the date stated above, at 1.24 m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

following 4 days of Illness

Due to Ruptured Gall Bladder 2 days

following Operation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Illness - following Supra Pubic Prostatectomy (duration) yrs. mo. 14 ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 22/28

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dan B. Pyle M. D.

Dec 28 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hurlock Md DATE OF BURIAL Dec 28 1928

20 UNDERTAKER W. L. McKnatt ADDRESS North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40716

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No.) 2213 Hanburg ST. 25 32 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Blocher

(a) RESIDENCE NO. 2213 Hanburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (Write the word) Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day and year) April 1838

AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
90	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

Informant Carrie Blocher

(Address) 2213 Hanburg St.

Filed DEC 29

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25/28

17

I HEREBY CERTIFY, That I attended deceased from 12/17/ 1928 to 12/25/ 1928.

that I last saw her alive on 12/22/ 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/28, 1928 (Address) 112 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	12/28, 1928

20 UNDERTAKER Samuel Hensley ADDRESS 1132 Eddle

Cor.—12-9-25—A Co.—200 Bks.

E 40717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40717

CERTIFICATE OF DEATH.

1928

REGISTERED NO. 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. ward)

2-FULL NAME Lawrence Brockington, Jr. (C)

(a) RESIDENCE NO. 1113 S. Sharp St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 27, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	6	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Lawrence Brockington Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Nannie Vaughn.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Nannie Brockington (C) mother

(Address) 1113 S. Sharp St.

Filed DEC 28 1928 C. E. [illegible] Jones

Per [signature] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fracture of the skull and laceration of the brain. Struck on the head by iron pipe. Homicide.

(duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

Signed: [signature] M. D.
(Coroner)

12/28 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? B. & O. R. R. Yards Locust Point.

Former or usual residence Dec. 24, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial 19

20 UNDERTAKER C. H. Brandt Sons ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 40718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 40718

REGISTERED NO

If death occurred in a hospital or institution give its NAME instead of street and number.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Forrest Park ave ST 15-61 WARD)

2-FULL NAME Pauline Goldberg

(a) RESIDENCE NO. 3411 Forrest Park ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs mos ds. How long in U. S. if of foreign birth? 35 yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel N. Goldberg

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 59; Months —; Days —; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Simon —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Yorkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Lewis 1439 E. Baltimore St.

15 Filed 8 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1928

17 I HEREBY CERTIFY That I attended deceased from July 15 1917 to Dec 17 1928, that I last saw h[illegible] alive on Dec 5 1928, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

Coronary sclerosis

(duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 2 yrs. yrs mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible] M. D.

12/17/1928 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Woah Rood — DATE OF BURIAL: 12/20, 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eastern

Spec.-7-17-26-A Co.-200 Bks.

E 40719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40719

CERTIFICATE OF DEATH

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1142 Dorn St. St., 17-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Mead.

(a) RESIDENCE NO. 1142 Durn St St. Ward

(Usual place of abode)

Length of residence in city or towo where death occurred 70 yrs. mos. ds. (If non-resideot give city or town and State) How long in U. S. if of foreigo birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colrd

5 Single, Married, Widowed, or Divnrced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Mead

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE: Years 70 Mooths Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labourer

(h) General nature of industry, husioess, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or towo): Maryland

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or towo) unknown

(State or country)

12 MAIDEN NAME OF MOTHER Sarah A. Lord

13 BIRTHPLACE OF MOTHER (city or towo) Md.

(State or country)

14 Informaot: Gertrude Mead

(Address) 1142 Durn St

15 Filed ... 19 ... (Registrar)

201928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, aod year) Dec 25 1928 19

17 I HEREBY CERTIFY That I attended deceased from Dec 10 1928 to Dec 25 1928

that I last saw h.e alive on Dec 24 1928

aod that death occurred on the date stated above, at 6 H m.

The CAUSE OF DEATH* was as follows:

Chr Mitral Regurgitation

Chr Myocarditis

CONTRIBUTORY (Secondary) Chronic Nephritis (duratioo) yrs. 3 mos ds.

(duratioo) yrs. 3 mos ds.

18 Where was disease cootracted if oot at place of death? Home

Did an operation precede death? No Date of

Was there ao autopsy? No

What test confirmed diagoosis?

(Signed) Chas F Chandler M. D.

(Address) 504 McCulloh

*State the Disease Causing Death, or in deaths frnm Violeot Causes, state (1) Meaos aod Nature nf Injury, aod (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side fer additional space.)

19 PLACE OF HURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date nf Burial: Dec. 28, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 15 E 40720

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 12-47 WARD)

2—FULL NAME Charles White

(a) RESIDENCE NO. 209 Southway, Guilford WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Catherine Gibson~~.

DATE OF BIRTH (month, day, and year) 10/22/1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: John White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catherine Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. Charles White

(Address) 209 Southway Guilford

DEC 28 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/28

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1928, to Dec 27 1928

that I last saw him alive on Dec 27, 1928

and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Cholecystitis acute?

Hypostatic pneumonia & hemiplegia (Rt.)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Palmer F. C. Williams, M. D.

12/27, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Dec 31 1928

20 UNDERTAKER: Henry Heubein & Son

ADDRESS: Eutaw & Preston Sts

Spec.—1-10-21—M&T—1500 Bks.

2-26-64

40721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65 C 01 40721

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 27-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Bowen

(a) RESIDENCE NO. 4810 Arabia Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis H. Bowen

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE — Years: 54 — Months: — Days: — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: ? Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Trunk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 12 1928, to Dec 27 1928, that I last saw h alive on Dec 27 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ch. Myeloid Leukaemia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ben D Mason M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

20 UNDERTAKER: Robert Brooks & Son

DATE OF BURIAL: 12/31 1928

ADDRESS: Calhoun Hollins

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40722

CERTIFICATE OF DEATH.

+94-001

E 40722

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.) (WARD) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Duke

(a) RESIDENCE NO. 811 E. Stud; Fenwick St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara E. Green

DATE OF BIRTH (month, day, and year) June 23, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	6	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lighthouse Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 12 years

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary E. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) at Sea

Informant Martha E. Gladden

(Address) 811 E. Fenwick St.

Filed Dec 31 1928

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17

I HEREBY CERTIFY, That I attended deceased from December 15, 1928, to December 28, 1928, that I last saw h[illegible] alive on December 28, 1928, and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Kenneth Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Dec. 31 1928

20 UNDERTAKER Henry Sander & Sons. Inc. — ADDRESS Baltimore St. & Broadway

40723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 101-001 E 40723

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore 2411-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Monroe

(a) RESIDENCE NO. 802 E. N. Harrow's Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) January 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): N-C

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Neal Monroe

(Address) 802 E. N. Harrow's Court

DEC 1928, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 26, 1928

that I last saw h / M alive on Dec 26, 1928

and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Jackson M. D.

DEC 26, 1928 (Address) 600 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bayard N. C.	12-28-1928
20 UNDERTAKER	ADDRESS
Wm. B. G. Elliott	1725 Linden Ave

Ryan

E 40724 HEALTH DEPARTMENT—CITY OF BALTIMORE 19E 40724

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Anns Hospital St., 20-28 Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher G. Ryan

(Residence in Baltimore: No. 642 South Payson St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
male	white	single

6-DATE OF BIRTH. January 28, 1925 (Month) (Day) (Year)

7-AGE. 3 yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. John J. Ryan

11-BIRTHPLACE OF FATHER, (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Delia C. Woods

13-BIRTHPLACE OF MOTHER, (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John J. Ryan

(Address) 642 So. Payson St.

15- C. E. [illegible] 1928, P. M.

Filed 28 1928 19 Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 27, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. His gown caught fire, playing with matches

(Duration) yrs. mos. 12 hrs. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. H. Trowbridge M. D.
(Coroner) S. W. Beal

12/28 1928 (Address) Towson, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Dec 29th 1928

20-UNDERTAKER. John J. Cowan & Son ADDRESS 90 Hollins St.

Spec.—1-10-21—M&T—1500 Bks.

E 40725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40725

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Westfield ST. 47-43 WARD)

2-FULL NAME Mrs Elnora Pilling

(a) RESIDENCE No. 3202 Westfield Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert E Pilling

6 DATE OF BIRTH (month, day, and year): Sept 16 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Snively

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Ida Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Albert E. Pilling

15 DEC 8 1928 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Dec 27, 1928, that I last saw h[illegible] alive on Dec 26, 1928, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Influenza.

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Gustave Rit. M. D.

12-7 1928 (Address) Creek St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem

DATE OF BURIAL: 12/10 1928

20 UNDERTAKER: J. V. Lynch

ADDRESS: 640 S Hanover

Cor.—12-9-25—A Co.—200 Bks.

E 40726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40726

1-PLACE OF DEATH

City of BALTIMORE: (No. 3720 Gough St., 26 Ward) 12-31-90

MARY LAMMER.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lammer

(a) RESIDENCE NO. 3720 Gough St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE John Geo. Lammer

6 DATE OF BIRTH (month, day, and year) Oct. 22nd 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Wentall Lammer ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Catherine Langhofer

(Address) 3204 Philadelphia ave

Filed 12 28 1928 C. HAMPSON JONES, Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

(Signed) James M Taylor M. D.
(Coroner)

12 27 1928 (Address) 2006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cemetery — Date of Burial Dec. 29 1928

20 UNDERTAKER Lilly & Zeiler Inc — ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44 E 40727

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3132 Cliftmont Ave. WARD) 5-4 D

2—FULL NAME John J. Eadden.

(a) RESIDENCE NO. 3132 Cliftmont Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Katherine Eadden

DATE OF BIRTH (month, day, and year) Aug. 5th 1852

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Watchman 162

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: John Eadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Lennie R. Bailey.

(Address): 3132 Cliftmont Ave.

Filed 12/29 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Dec 25, 1928.

that I last saw h— alive on Dec 24, 1928

and that death occurred, on the date stated above, at 10 50 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Sellman, M. D.

12/27 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec 29th 1928

20 UNDERTAKER: Lilly & Julian Inc — ADDRESS: 403 S. Wolfe St

...ec.—2-29-28—L. F. S.—500 Bks.

E 40728 HEALTH DEPARTMENT—CITY OF BALTIMORE 58-002 E 40728

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-46

CITY OF BALTIMORE: (No. 404 Winston Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Anna Schafer

(a) RESIDENCE NO. 404 Winston Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. F. Schafer

DATE OF BIRTH (month, day, and year) Feb. 26-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Balto Md (State or country)

10 NAME OF FATHER Bernard Faustenhamer

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Caroline Kabe

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Geo F. Schafer

(Address) 404 Winston Ave

C. HARRISON SONS, PA.

Filed DEC 31 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27-1928

17

I HEREBY CERTIFY, That I attended deceased from 10/11/, 1920, to 12/27/, 1928.

that I last saw h[illegible] alive on 12/27/, 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Endocarditis

Pulmonary Edema

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bantis's Disease

Almost (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theo. A. Monnson, M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Dec 29 19 28

20 UNDERTAKER Wm. J. Tuckner Sons ADDRESS N. Y & Pa

Spec.—1-10-21—M&T—1500 Bks.

E 40729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 40729

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4021 Wilson ave ST., 9-47 WARD)

2-FULL NAME Richard A. Mullan

(a) RESIDENCE NO. 4021 Wilson Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~ or ~~Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Eva V. Mullan

6 DATE OF BIRTH (month, day, and year): April 7-1886

7 AGE: Years 42 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Thomas F. Mullan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Evelyn Foutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Eva V. Mullan

(Address) 4021 Wilson Ave

DEC 8 1928 .19 C. HARRISON JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 3 .1928. to Dec 26 .1928.

that I last saw him alive on Dec 26 .1928.

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1+ yrs. mos ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. N. Bishop M. D.

Dec 28, 1928 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral DATE OF BURIAL: Dec 29 1928

20 UNDERTAKER: John A. Moan ADDRESS: 3000 E Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 40730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 E 40730

1—PLACE OF DEATH Presbyterian Home of Md.

CITY OF BALTIMORE: (No.) 822 N Carrollton Ave (Ward) 6-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Steber.

(a) RESIDENCE NO. 822 N. Carrollton Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 20th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Graduate Nurse.

(b) General nature of industry, business, or establishment in which employed (or employer) Nurse. OHB

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER Philip Steber.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie Christina Lampe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Record of Home.

(Address)

JAN 3 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27th, 1928, to Dec. 27th, 1928, that I last saw her alive on Dec 27th, 1928 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris,

6 hours (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Charles Cotz, M. D.

Dec 28, 1928 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec. 1928
20 UNDERTAKER	ADDRESS
Charles G. Black.	742 N. Northern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40731

CERTIFICATE OF DEATH.

90 E 40731

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2728 Berard St 1951 Ward)

2-FULL NAME Ella Dr Smith

(a) RESIDENCE NO. 2728 Berard St. St. 12 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter W. Smith

6 DATE OF BIRTH (month, day, and year) 11-22-83

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Walter W. Smith

(Address) 2728 Berard st

Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/28, 1928 (Address) 3632 Orland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden Date of Burial Dec 31 1928

20 UNDERTAKER E Brenowell Dodson ADDRESS 1615 Eutaw St

3 1928

Spec.—1-10-21—M&T—1500 Bks.

E 2 of 732

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 40732

CERTIFICATE OF DEATH.

X 65-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Steve Fender

(a) RESIDENCE NO. Independence, Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, ~~or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Eunice —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 5 5 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 0/5

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Daniel Fender

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Andrews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 2 8 1928 C. HAMPSON JONES, M. D., Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec-21, 1928, to Dec-27, 1928, that I last saw him alive on Dec-27, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic lymphoid leukemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? - Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? - Examination of

(Signed) Chas. C. Norris, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freese Va — DATE OF BURIAL: 12/28/28

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Bway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40733

CERTIFICATE OF DEATH

100-091

E 40733

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 531 Laurens ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Brooks

(a) RESIDENCE NO. 531 Laurens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 1-28

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Arthur Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Myrtle Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Myrtle Brooks

(Address) 531 Laurens

Filed 19 Registrar

81928 Pol.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-28

17

I HEREBY CERTIFY, That I attended deceased from 12-25-, 1928, to 12-25-, 1928,

that I last saw h[illegible] alive on 12-27-28, 19

and that death occurred, on the date stated above, at 10.10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Inkeum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos S Blake M. D.

12-28-, 19 28 (Address) 719 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 30, 19 28
20 UNDERTAKER	ADDRESS
Jam's H. Chase & Son	1400 Madison

Cor.—12-9-25—A Co.—200 Bks.

E 40734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40734

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2410 Banner 25-73 Ward)

2-FULL NAME William H. Harkum

(a) RESIDENCE NO. 2410 Banner St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luella Hudson

6 DATE OF BIRTH (month, day, and year): Jan 19/69

7 AGE: Years 59 Months 11 Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto Post

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: James Harkum

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Roland Harkum (Son)

(Address) 103 N. Linwood Ave

15 Filed 1928 Registered

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/28, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial: Dec 29, 28

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 1422 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40735

CERTIFICATE OF DEATH

57 E 40735

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1632 Asgueth ST., 9-18 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie J. Hanley

(a) RESIDENCE NO. 1632 Asgueth ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hanley

DATE OF BIRTH (month, day, and year) Sept 16-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	-3	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Harford Co Md

10 NAME OF FATHER Benedict Wakeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Sarah McVey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md

Informant Edw. G. Hanley

(Address) 1632 Asgueth St

Filed ..... 19 ..... C. HERMAN JORDAN

81928 AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July-12 1928 to Dec 27 1928

that I last saw h alive on Dec 27 1928

and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M. D.

12/28 1928 (Address) 1279 Fillmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	Dec. 31, 1928
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1122 Light St.

Spec.—1-12-23—M&T—500 Bks.

E 40736 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40736

CERTIFICATE OF DEATH.

REGISTERED NO. 100-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE: (No.) Balto Md. ST. 7-10 WARD)

2-FULL NAME Charles E. Herman

(a) RESIDENCE No. 531 S. Belnord Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 12, 1908

7 AGE: Years 20 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER Chas Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Balto City Hospls

(Address) Balto Md

15 Filed 28 1928 19 Per ABH C. HAYDON JONES M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-21 1928 to 12-27 1928

that I last saw h m alive on 12-27 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/ Mental Deficiency

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. R. Conrad M. D.

, 19 (Address) Bruns Cor Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: Dec. 31 1928

20 UNDERTAKER: Brittingham Cook

ADDRESS: 1218 St. Paul

Spec.—1-12-23—M&T—500 Bks.

E 40737 . . HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 40737

CERTIFICATE OF DEATH.

31

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 (WARD)

2-FULL NAME Margaret McGovern

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 44; Months Unknown; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Phila. Pa

PARENTS

10 NAME OF FATHER: James McGovern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown England

12 MAIDEN NAME OF MOTHER: Mary Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila Pa

14 Informant: Mt Hope Records

(Address): Mt Hope Retreat

15 Filed 8 1928 G. HAYDON JONES II, City Registrar

By Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Dec 28, 1928, that I last saw h[illegible] alive on Dec 27, 1928 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs 6 mos — ds.

CONTRIBUTORY (Secondary) Dementia Praecox (duration) 27 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Milton P Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: Dec 28 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 [illegible] Ave

Spec.—1-10-21—M&T—1500 Blks.

E 40738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40738

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7815 [redacted] Georgetown Road ST. 25-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine J. Ward

(a) RESIDENCE NO. 7815 Georgetown Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter F. Ward

6 DATE OF BIRTH (month, day, and year): June 14, 1860

7 AGE — Years: 68 — Months: 6 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Peter F. Ward

(Address): 7815 Georgetown Road

15 Filed: 8-1928 19 C. HARRISON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 27, 1928.

that I last saw h[illegible] alive on Dec 26, 1928.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism Right side paralysis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Gerd. M. Keeffer, M. D.

(Address) 1152 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C. A. Co.

DATE OF BURIAL: Dec. 29, 1928

UNDERTAKER: Margaret J. Flynn

ADDRESS: [illegible]

Cor.—12-9-25—A Co.—200 Bks.

(Schepers)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40739

CERTIFICATE OF DEATH. X 188-203

E 40739

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore Hospital St. [illegible] Ward) No-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Schepers

(a) RESIDENCE NO Bird River Rd. Balto Co St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Singl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 5

6 DATE OF BIRTH (month, day, and year) Aug 21 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer) truck farm

(c) Name of employer

9 BIRTHPLACE (city or town) Bernard Balto Co

(State or country)

PARENTS

10 NAME OF FATHER Bernard Schepers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Angela Ruster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Bernard Schepers

(Address) Bengies Md

8 1928 ....., 19.... By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Investigation find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage from internal Jugular vein Automobile accident

(duration) ..... yrs. ..... mos. 11 hrs

CONTRIBUTORY (Secondary) cuts Struck telephone pole while making turn in Rd

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Denton M. D.

(Coroner)

12 29, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.... yrs. 11 mos. 11 hrs. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death? Bird River Rd Balto Co

Former or usual residence Bird River Rd

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer Cemetery Date of Burial 12/29/1928

20 UNDERTAKER John G. Connelly ADDRESS Essex

Spec.—2-29-28—L. F. S.—500 Bks.

E 40740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 E 40740

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3806 Sequoia Ave ST., 15-63 WARD

2—FULL NAME Mrs Maude Gillott Towers

(a) RESIDENCE NO. 3806 Sequoia Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 27 ds. How long in U. S., if foreign birth 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Mr Wm Nelson Towers

6 DATE OF BIRTH (month, day, and year) March 2, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Anthony Anzemann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Harriet Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

Informant Mr William Nelson Towers

(Address) 3806 Sequoia Ave

DEC 31 1928 G. Hayden Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928 to Dec 26, 1928

that I last saw h[illegible] alive on Dec 25, 1928

and that death occurred, on the date stated above, at 11:15 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobaris

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Dec 31, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New-Cathedral Cemetery — DATE OF BURIAL Dec 29 1928

20 UNDERTAKER Joo Joerdens + Son — ADDRESS 217 S. Paca St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40741

CERTIFICATE OF DEATH.

179 E 40741

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St. 23-31 Ward)

2-FULL NAME Wm Foster

(a) RESIDENCE NO. 918 S. Sharp St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. 11 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): Dec 17-1926

7 AGE: Years 2 — Months — Days 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore (State or country): Md

10 NAME OF FATHER: Wm Foster

11 BIRTHPLACE OF FATHER (city or town): Md (State or country)

12 MAIDEN NAME OF MOTHER: Maggie Carson

13 BIRTHPLACE OF MOTHER (city or town): N. C. (State or country)

PARENTS

14 Informant: Maggie Foster (Address): 918 S. Sharp St.

15 Filed Dec 27 1928 C. HARRISON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree Burns

(Accident - Burning Coal Oil Stove)

(duration) yrs. mos. 2 ds.

(Secondary)

(duration) yrs. mos. ds.

Dec 27 1928 H. C. Luck M. D.

(Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the state..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? 918 S. Sharp St.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: 12-29 1928

20 UNDERTAKER: John H. Bradenburg — ADDRESS 1027 Druid Hill

1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40742

CERTIFICATE OF DEATH.

84 E 40742

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 786 Sarah Ann St. 4-16 Ward)

2-FULL NAME Maggie Walker

(a) RESIDENCE NO. 786 Sarah Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Brother Walker

6 DATE OF BIRTH (month, day, and year): June

7 AGE: Years 41 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Boston Mass

PARENTS

10 NAME OF FATHER Shelton Walker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ellen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant John Milton

(Address) 786 Sarah Ann St

29 1928 C. HAYDON JONES M. D.

Per R.R.A. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) Eugene Ritter M. D.

(Coroner)

12/27 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem

Date of Burial: Dec 29 1928

20 UNDERTAKER: Leonard Walker

ADDRESS: 648 Pierce St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40743

CERTIFICATE OF DEATH.

90 E 40743

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 24-33 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Stuntebeck

(a) RESIDENCE NO. 113 E Clements St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Stuntbeck

6 DATE OF BIRTH (month, day, and year) March 1872 unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer) Hod Carrier

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Stuntebeck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schoene

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Stuntebeck

(Address) 113 E Lombard

C. HAYDON JONES, M. D.

9 1928 By ads Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. 1/2 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis chronic

myocarditis (duration) 1 yrs. mos. ds.

(Signed) James M Benton M. D.

(Coroner)

12-28 1928 (Address) 704 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 1/2 ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? 113 E Clement St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Dec 29 1928

20 UNDERTAKER Fred A. Wance & Son ADDRESS 703 S. Hanover

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40744

CERTIFICATE OF DEATH.

E 40744

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Wisner.

(a) RESIDENCE NO. Howardville Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown Esther Wisner

6 DATE OF BIRTH (month, day, and year) Unknown

Apr 30 - 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	------	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland

14 Informant Harry Wisner

(Address) Howardville

Filed ..... 19 C. Hayward Jones

291928 By RAR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) _____

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas W Brooke M. D.

(Coroner) J. y Bond

12/28. 1925 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elmwood Ridge Cem Date of Burial Dec 29 1925

20 UNDERTAKER E. LeRoy Stiffler ADDRESS 1258 North ave

Spec.—1-10-21—M&T—1500 Bks.

E 40745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 135 E 40745

1-PLACE OF DEATH Md. General Hosp

CITY OF BALTIMORE: (No. Howard & Madison St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Hollingsworth

(a) RESIDENCE NO. Joppa, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mail carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Hollingsworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Record

(Address)

15 Filed 9 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 29, 1928, that I last saw him alive on Dec 29, 1928, and that death occurred, on the date stated above, at 3 50 A. m.

The CAUSE OF DEATH* was as follows:

Adenoma Prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Suppression of Urine

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 24

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Kerfoot Jr. M. D.

12/29 1928 (Address) Md General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, REMOVAL Friends Meeting House Cem Md DATE OF BURIAL 12/31/1928

20 UNDERTAKER Homberger & Gross ADDRESS Baltimore, Md

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40746

CERTIFICATE OF DEATH

9 E 40746

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1540 Boyle ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian E Knight

(a) RESIDENCE NO. 1540 Boyle St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of Daughter

DATE OF BIRTH (month, day, and year) Aug 19 1925.

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Norman Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Evelyn Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs Evelyn Knight

(Address) 1546 Boyle St

1928 C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1925

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1925, to Dec 28, 1925

that I last saw h alive on Dec 28 1925

and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. K. Campbell M. D.

12/28, 1925 (Address) 1646 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
M Olivet Cem	Dec 29 1925
20 UNDERTAKER	ADDRESS
Chas L. Sturm	1501 E Lan

Spec.—1-10-21—M&T—1500 Bks.

E 40747 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40747

CERTIFICATE OF DEATH.

REGISTERED NO. 27442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6419 Cedonia Ave. Raspeburg ST. (or Ward) 26th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridgett Belinda Dempsey

(a) RESIDENCE No. 6419 Cedonia Ave., Raspeburg ST., 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Dempsey

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Leeds (State or country) England

PARENTS

10 NAME OF FATHER Patrick Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant

(Address) 6419 Cedonia Ave. Raspeburg

15 Filed 1928 C. HAYDEN JONES, Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov, 21, 1928, to Dec. 27, 1928,

that I last saw her alive on Dec. 27, 1928,

and that death occurred, on the date stated above, at 5P.M. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

12/28, 1928 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Dec 31 1928

20 UNDERTAKER Chas. L. Sterns

ADDRESS 1501 E Fort ave.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Kelly 1203 Light St

E 40748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 E 40748

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Grantly Rd ST.) (15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Tall.

(a) RESIDENCE NO. 2819 Grantly Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6-1927.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	21.	

8 OCCUPATION OF DECEASED

(a) Trade, professinn nr particular kind of work: child

(b) General nature of industry business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Oswald Tall.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Daisy Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant Oswald Tall

(Address) 2918 Grantly Rd

Filed 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 11/28, 19, to Dec 27/28, 19, that I last saw him alive on Dec 24/28, 19, and that death occurred, on the date stated above, at 10:25 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

CONTRIBUTORY (Secondary) (duration) yrs mos. 10 ds.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? ?

What test confirmed diagnosis?

(Signed) Amy Dollman M. D.

Dec 28/28 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Dec 29 1928

20 UNDERTAKER: Wm Cook ADDRESS: 1717 E Baltimore St

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40749 — 49 ~ E 40749

CERTIFICATE OF DEATH

REGISTERED NO. 12-50

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 415 E. 22nd St. (ST.) (WARD)

2—FULL NAME George Joseph Mulligan

(a) RESIDENCE NO. 415 E. 22nd St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine Mulligan

DATE OF BIRTH (month, day and year) Dec. 3, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	-	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer For self

BIRTHPLACE (city or town) (State or country) Govans, Baltimore Maryland

10 NAME OF FATHER James Mulligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Lengton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Katharine Mulligan

(Address) 415 E. 22nd St.

Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 7 1928 to Dec 28 1928, that I last saw him alive on Dec 28 1928 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Ten Anemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Lenington M. D.

12/28 1928 (Address) 102 E. Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Marie Cemetery, Towson	31, 28 Dec. 19
20 UNDERTAKER	ADDRESS
Joseph B Cook	1003 West Baltimore St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 409 N. Vincent St ST. WARD)

REGISTERED NO. 40750

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Hester Porter

(a) RESIDENCE No. 409 N. Vincent St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Wid.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
About 70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) uUnknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miles Hughes

(Address) 409 N. Vincent St.

15 Filed 9 1928 Reg. RCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27- 19 28

17 I HEREBY CERTIFY That I attended deceased from Dec 21st 19 28 to Dec. 27th. 19 28,

that I last saw her alive on Dec. 27th. 19 28

and that death occurred, on the date stated above, at 6.0. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) (Age) Arterio Schlerosis

Unknown (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Physical Exam.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson, M. D

19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 12/29 1928

20 UNDERTAKER Thomas G. Nelson

ADDRESS 1303 Pressman St

Spec—12-23-21—E B R.S.—400 Bks.

E 40751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40751

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1761 William St. 24th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Katherine Pritchett

(a) Residence No... 1761 William St. ... St. ... Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas

6-DATE OF BIRTH (month, day and year): 1 / 2 1825

7-AGE: 103 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer:

9-BIRTHPLACE (city or town)... (State or Country), Germany

PARENTS

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Do not know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11-(Informant)... Mrs. Ely Wurz

(Address)... 1761 William

15-Filed ... 19... Registrar.

29 1928

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year): 12-26-28.

17- I HEREBY CERTIFY, That I attended deceased from 11-15-28, 19... to 12-26-28, 19...

that I last saw h... alive on 12-26-28, 19...

and that death occurred, on the date stated above, at 4 30 P M.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Nephritis

(Duration)... yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration)... yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical only

(Signed) Philip B. Fowler, M. D.

19 (Address) 1432 Willis St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cem. DATE OF BURIAL, 12-29-28

20-UNDERTAKER, J. L. Baker & Sons ADDRESS 131 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40752 — CERTIFICATE OF DEATH. — 12M 40752

REGISTERED NO

1-PLACE OF DEATH St Joseph Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Parlane & Clare ST. 8-16 WARD)

2-FULL NAME Richard E. Schultze (SCHULZE)

(a) RESIDENCE No. 2330 E. Hoffman St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Young

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 Yrs.	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward C. Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany CORRECT

12 MAIDEN NAME OF MOTHER Clara Schulz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank M. Priesterer

(Address) 3414 Park Heights Ave.

15 1928 C. HAMILTON JONES M. D.

Dec 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 28, 1928, that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Hypertension Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul. Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) V. Meaders, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec. 31/28 19

20 UNDERTAKER: Thornton & Son — ADDRESS: 805 N. Calvert St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40753 E 40753

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1618 Laurens ST., (15-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Pierson

(a) RESIDENCE No. 1618 Laurens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte Pierson

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 66 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Loudun Co Va " Fairfax Court House

PARENTS

10 NAME OF FATHER: Jas Pierson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va "

12 MAIDEN NAME OF MOTHER: Mary -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va "

14 Informant: Rose Holland

(Address): 618 Laurens St

15 Filed 9 1928

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928, to Dec 26, 1928, that I last saw h alive on Dec 26, 1928 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) F. E. Lusk, M. D.

Dec 29 (Address) North Ave & Divisions

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem | DATE OF BURIAL: 12/29/28

20 UNDERTAKER: Samuel H. Hemsley | ADDRESS: 1128 E Baltimore

...ec.—2-29-28—L. F. S.—500 Bks.

E 40754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118-09

E 40754

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 16-23 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nancy Williams

(a) RESIDENCE NO. 807 N Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Williams

DATE OF BIRTH (month, day, and year): 1890

AGE: 38 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Smithers W. Va.

10 NAME OF FATHER: Harry Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Lucinda Reddick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

Informant: Mrs Henry Williams

(Address) 807 N. Carey St.

Filed ..., 19...

9-1928

...Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-27-28

17 I HEREBY CERTIFY, That I attended deceased from 12-21, 1928, to 12-27, 1928

that I last saw h[illegible] alive on 12-27, 1928

and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary): Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Suspension

Did an operation precede death? Yes Date of Dec 21, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Hamm M. D.

(Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithers W. Va. | DATE OF BURIAL: Dec 29 1928

UNDERTAKER: George I. A. Gibson | ADDRESS: 1135 Druid [illegible]

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40755

CERTIFICATE OF DEATH

5 | E 40755

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. Georgia Ave. Ward 17-21)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 2716 Huntingdon Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 29, 1921

7 AGE: Years 7 Months 1 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER George Mc Faddin

11 BIRTHPLACE OF FATHER (City or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Dola Hood

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant George Mc Faddin

(Address) 2716 Huntingdon Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 29, 1928, that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

I Thrumatic Cardio Pneumonia

Direct

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. Fuller, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden

Date of Burial: Dec 31, 1928

20 UNDERTAKER: Edmondson

ADDRESS 3615 Eastern Ave

29 1928 C. HARRISON JONES, M. D. Registrar

Dat Dec 29

Spec.—1-10-21—M&T—1500 Bks.

E 40756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40756

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Fremont Ave ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Neal

(a) RESIDENCE NO. 1417 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Neal

6 DATE OF BIRTH (month, day, and year) Apr 1 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

PARENTS

10 NAME OF FATHER Albert Neal

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co Md

12 MAIDEN NAME OF MOTHER Annie Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co Md.

14 Informant (Address) Annie Dyson 1417 Fremont Ave

15 Filed DEC 29 1928, 19 C. HARRISON JONES, Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 19 28, to Dec 27, 19 28, that I last saw h alive on Dec 27, 19 28, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Tuberculosis of Lungs

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E W Abram Jr, M. D.

Dec 27, 19 28 (Address) 1708 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

St Peter's Cemetery

DATE OF BURIAL Dec 31 1928

20 UNDERTAKER Eugene A Brooks

ADDRESS 1423 N Carey St

Spec. -7-17-26—A Co.—200 Bks.

(Kirk)

E 40757

HEALTH DEPARTMENT—CITY OF BALTIMORE

+6 E 40757

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1432 Mount St. 15-21 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amy Kirk

(a) RESIDENCE NO. 1432 Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs J Jno Kirk

6 DATE OF BIRTH (month, day and year):

7 AGE: Years 49 yr Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 510

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Edward Milby

11 BIRTHPLACE OF FATHER (City or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Ellen Young

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant: John Kirk

(Address) 1432 N. Mount St

15 Filed 9 1928 C. HARRISON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 - 28 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Dec 28, 1928, that I last saw h[illegible] alive on 12/28/28 19, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Miscarriage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1432 Mount

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J W Boy Kin M. D.

19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Cemetery C A C Date of Burial: Dec 30 1928

UNDERTAKER: Virginia G Brooks ADDRESS: 1463 N. Carey St

rec.—2-29-28—L. F. S.—500 Bks.

E 40758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40758

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2022 Madison Ave ST., 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Henry Sprigg

(a) RESIDENCE NO. 2022 Madison ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha

DATE OF BIRTH (month, day, and year) 8 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Emanuel Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Bertha M Sprigg

(Address) 2022 Madison ave

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-28

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1928, to Dec 26, 1928, that I last saw h alive on Dec 25, 1928 and that death occurred, on the date stated above, at 7 25 P m.

The CAUSE OF DEATH* was as follows:

Coronary Insufficiency

Instant (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edward Fisher, M. D.

12-27-1928 (Address) 612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 12/29/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1681 Druid Hill Ave

DEC 29 1928 RCH

sec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40759

CERTIFICATE OF DEATH

10 E 40759

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2217 E Oliver ST., 816 WARD)

2—FULL NAME Paland T. Westendorf.

(a) RESIDENCE NO. 2217 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 19 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John W. Westendorf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Rosa Koster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant John W. Westendorf.

(Address) 2217 E Oliver St

Filed Dec 31 1928 CLAYTON JONES Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 1928, to Dec 28 1928, that I last saw h live alive on Dec 28th 1928, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Abdominal

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 29, 1928 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Dec 31 1928
20 UNDERTAKER	ADDRESS
Geo. J. Pentz	1735 Harford Ave

E 40760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40760

1-PLACE OF DEATH

City of BALTIMORE, (No. 3000 Reisterstown St. 75-50 Ward)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Hansen

(Residence in Baltimore: No. 3000 Reisterstown Rd St.; 50 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Nov. (Month) 2 (Day) 1857 (Year)

7-AGE. 71 yrs. 1 mos. 27 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Piscaculturist
(b) General nature of industry, business, or establishment in which employed (or employer). Self. 086

9-BIRTHPLACE, (State or Country). Holstein Germany

PARENTS.

10-NAME OF FATHER. Detlef Hansen

11-BIRTHPLACE OF FATHER, (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Mathilde Assmus

[redacted]-BIRTHPLACE OF MOTHER, (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jane A. Hansen

(Address) 3000 Reisterstown Rd.

15-

Filed C. HARTON JONES M. D. Registrar.

Dec 29 1928 Per RKH

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH. Dec. (Month) 28 (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) [illegible] mos. ds.

(Signed) [illegible] M. D.

(Address) [illegible] Dec 28 1928 (Address) North Ave & Edmondson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.. yrs.. mos.. ds. In the State.. yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Osceola Wis. DATE OF BURIAL. Dec. 31 1928

20-UNDERTAKER. [illegible] ADDRESS North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40761

CERTIFICATE OF DEATH.

E 40761

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 Gelston Drive Ward) 25-12

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary McElhiney

(a) RESIDENCE NO. 707 Gelston Drive Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Wm J. McElhiney

6 DATE OF BIRTH (month, day, and year): Dec 22 1843

7 AGE — Years: 85 — Months: — — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): A A Co Md
(State or country)

PARENTS

10 NAME OF FATHER: Benj Watkins

11 BIRTHPLACE OF FATHER (city or town): A A Co
(State or country) Md

12 MAIDEN NAME OF MOTHER: Mary Hodges

13 BIRTHPLACE OF MOTHER (city or town): A A Co
(State or country) Md

14 Informant: Mary McElhiney
(Address): 707 Gelston Drive

Filed Dec 29 1928 C. HAMPSON JONES, M. D. Registrar

By A.S.T.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour): Dec 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

Dec 29 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem Date of Burial Dec 31 1928

20 UNDERTAKER: Wm J McElhiney & Sons ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Blks.

E 40762 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40762

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3602 Southern (ST.) 29-41 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara B. Conglar

(a) RESIDENCE No. 3602 Southern ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced [redacted] or) WIFE of John F. Conglar

DATE OF BIRTH (month, day, and year) Feby 17th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

10 NAME OF FATHER Andrew J Heller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shrewsbury Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth Worrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Whitehall Md

Informant (Address) John F. Conglar 3602 Southern ave

Filed Dec 29 1928, C. HAMPSON JONES, M. D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1928, to Dec 27, 1928, that I last saw h[illegible] alive on Dec 27, 1928 and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows: Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clark Bruce, M. D.

Dec 29, 1928 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Dec 31 1928

20 UNDERTAKER George Schilling & Sons — ADDRESS 1136 E Monument St

ec.—2-29-28—L. F. S.—500 Bks.

E 40763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 40763

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 520 N Milton ST. 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis H. Marshall

(a) RESIDENCE NO. 520 N Milton ST.

(Usual place of abode) WARD

ngth of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline M Weikert

DATE OF BIRTH (month, day, and year) May 20. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	8	

OCCUPATION OF DECEASED

(a) Trade, professioo or particular kiod of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Louis Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Rothermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Caroline M Marshall

(Address) 520 N Milton Ave

Filed C. HAMILTON JONES

1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28. 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 28, 1928

that I last saw him alive on Dec 28 1928

and that death occurred, on the date stated above, at 1 35 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus 7
Chr. Nephritis -

CONTRIBUTORY (Secondary) Diabetes Coma - 3 yrs. mos. ds. Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Guy M. D.

(Address) 136 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec. 31 1928

20 UNDERTAKER John Merrick

ADDRESS 25 E Preston

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40764 E 40764

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH University Hosp. REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-30 ST. WARD)

2-FULL NAME Mrs. Hannah Lantz

(a) RESIDENCE No. 1 ST. New Windsor WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced (or) WIFE of Samuel Lantz

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Daniel Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Golly.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Samuel T. Lantz
(Address) New Windsor Md

15 Filed 1-0-1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1928, to Dec 29th, 1928, that I last saw h[illegible] alive on Dec 29th, 1928, and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Compound fract- dislocation left ankle dislocation left shoulder

(duration) one month

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? accident at New Windsor Md

Did an operation precede death? Yes Date of Dec 24th

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. G. Warner, M. D.

, 19 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Windsor Cemetery

DATE OF BURIAL Jan 1 1929

20 UNDERTAKER H B Barnard & Son

ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 40765 — 16 L 40765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 604 Wayne ST. 27-30 (WARD)

2-FULL NAME Baby Boy Pratt

(a) RESIDENCE NO. 604 Wayne ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/27/28

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

PARENTS

10 NAME OF FATHER Grant Pratt

11 BIRTHPLACE OF FATHER (city or town) Essex County (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lilly Brooks

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant

(Address)

15 Filed 1928 [illegible] JOHNS, M. D. Registrar

8090 Pratt

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1928 to Oct 27 1928

that I last saw him alive on Dec. 27, 1928

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo. Wollab, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner Health.

DEC 29 1928

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40766

E 40766

154-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 Stockton ST. WARD 15-22

2-FULL NAME Baby Girl Allen

(a) RESIDENCE NO. 1306 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 6, 1928

7 AGE: Years — Months — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Viola Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co.

PARENTS

14 Informant

(Address)

Filed DEC 29 1928 Registrar

3088

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928, to Dec 28, 1928,

that I last saw h[illegible] alive on Dec 28, 1928

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo. Woellak M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health

ADDRESS: DEC 29 1928

Per. Wm. E. WOODALL

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40767

CERTIFICATE OF DEATH

9F 002 E 40767

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hutchins, Ben

(a) RESIDENCE NO. 1429 N. Carey St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hod-carrier

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) ?

(State or country) Md

10 NAME OF FATHER James Hutchins

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) ?

Informant

(Address) BALTIMORE CITY HOSPITALS

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-28

17

I HEREBY CERTIFY, That I attended deceased from 12-7, 1928, to 12-24, 1928,

that I last saw h[illegible] alive on 12-24, 1928

and that death occurred, on the date stated above, at 2:35 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung, rt

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) P. M. Hack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	DEC 28 1928

20 UNDERTAKER Dom. Buseleuer

ADDRESS

Per Dr. P. Hack

3088

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40768

CERTIFICATE OF DEATH

1294

E 40768

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 22-31 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johnson, Rose

(a) RESIDENCE NO. 24 W. Hughes St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day,— hrs. or min.
	22	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic work

(b) General nature of industry, business, or establishment in which employed (or employer) Private homes

(c) Name of employer —

BIRTHPLACE (city or town) ?

(State or country) Md.

10 NAME OF FATHER Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) ?

Informant

(Address)

Filed DEC 28 1928

Registrar

3087

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-28

17

I HEREBY CERTIFY, That I attended deceased from 12-11, 1928, to 12-24, 1928, that I last saw h[er] alive on 12-24, 1928 and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinic, Urine Analysis

(Signed) R. W. Hook, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

220989 E 40769

HEALTH DEPARTMENT—CITY OF BALTIMORE E 40769

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Burnett

(a) RESIDENCE NO. 1033.4 Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 15-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md —

PARENTS

10 NAME OF FATHER Carter Burnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Dec 30 1928 Registrar

301928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1928 to Dec 29 1928 that I last saw him alive on Dec 29 1928 and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

pulmonary tuberculosis

tuberculous meningitis

indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. C. Dyer Jones, M. D.

Dec 29, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rawlings Park Va

DATE OF BURIAL Dec 30 28

20 UNDERTAKER Saml E. Chance Son

ADDRESS 1400 Mosher

Spec. 2-29-28—L. F. S.—500 Bks.

E 40770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-001 E 40770

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1415 E. Biddle ST. 10-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sadie Rubenson

(a) RESIDENCE NO. 1415 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 22-1904

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto, Md.

10 NAME OF FATHER: Benj. Rubenson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rosie Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Hospital

(Address)

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 29, 1928.

that I last saw her alive on Dec 29, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Influenza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) acute Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

12/29, 1928 (Address) 733 Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrn Rem

DATE OF BURIAL: 12/30 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 439 Eldale St

Spec.—1-12-23—M&T—500 Bks.

E 40771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40771

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 576 W. Lee St. (St.) 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fruma Mirvis

(a) RESIDENCE NO. 576 W. Lee St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: Maurice Mirvis

DATE OF BIRTH (month, day, and year): Unknown

AGE — Years: 82 — Months: Unknown — Days: Unknown — If LESS than 1 day, hrs. or min.:

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Mrs. P. Steinberg

(Address) 576 W. Lee St

Filed 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 — 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Dec 28, 1928,

that I last saw her alive on Nov 16, 1928

and that death occurred, on the date stated above, at 2 10 P m.

The CAUSE OF DEATH* was as follows:

Cardiosclerosis - Hypertension

Was Intensified by Pleurisy

CONTRIBUTOR (Secondary) (duration) Unknown yrs. mos. ds.

Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Norbert O Stutch, M. D.

12/28/28 (Address) 2187 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herrman Rem — DATE OF BURIAL: 12/30 1928

20 UNDERTAKER: Jack Levin — ADDRESS: 1439 E Balto St

DEC 30 1928

REM

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp ST. 7-13 WARD)

REGISTERED NO. 40772

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Sollod

(a) RESIDENCE NO. Sinai Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day or min.: A newborn 10 Hours 10 Hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto city Md

PARENTS

10 NAME OF FATHER Isaac Sollod

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Miriam Sollod

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Hosp (Address)

15 Filed C 30 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-29, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1928, to 12-29, 1928, that I last saw her alive on 12-29, 1928, and that death occurred, on the date stated above, at 7.20 a.m.

The CAUSE OF DEATH* was as follows:

Intra cranial Hemorrhage

Atelectasis

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel [illegible], M. D.

12-29, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rebecca Gardens Cem

DATE OF BURIAL: 12/30 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40773

CERTIFICATE OF DEATH

x 31

E 40773

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Smith

(a) RESIDENCE NO. 224 6th St Laurel Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 55 Months Days

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horseshoer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wisconsin

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (City or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) [illegible]

14 Informant Hospital Record

(Address)

15 Filed ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 19 28

17 I HEREBY CERTIFY, That I attended deceased from 12/26/28, 19.... to 12/29/28, 19....

that I last saw h.... alive on 12/21/28, 19....

and that death occurred, on the date stated above, at 3 25 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 4 mos. 5 ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) F. E. Woodward, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel St. Mary's Cemetery Date of Burial Dec 1 1928

20 UNDERTAKER Lloyd Kaiser ADDRESS Laurel Md

30 1928

Registrar

Spec.—12-9-25—A Co.—200 Bks.

E 40774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E 40774

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 204 W. MULBERRY St. 425 (Ward)

2-FULL NAME CATHARINE MARTIN

(a) RESIDENCE NO. 204 W MULBERRY St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J Martin

6 DATE OF BIRTH (month, day, and year) April 17th 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard John Barron

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Catharine McCloy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs McWindsor (Sister)

(Address) 921 N Bentalou ST.

15 Filed ..... C ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28th, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28th, 1928, to Dec. 28th, 1928, that I last saw her alive on Dec. 28th, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & auricular Fibrillation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex A Wemslock, M. D.

12/29 1928 (Address) 713 Augusta ST

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial 12/31/1928

20 UNDERTAKER Henry W. Meamslon — ADDRESS 805 N. Calvert St.

1928

For $10[illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 40775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40775

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4505 Belair Road St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte R. Stromberger

(a) RESIDENCE NO. 4505 Belair Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9j yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White — [redacted]ivorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph O. Butterbaugh

6 DATE OF BIRTH (month, day, and year) Aug 27, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	38	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. Co., Health Service

9 BIRTHPLACE (city or town):

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Geo. H. Stromberger

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary R. Dunn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Bivalve, Md.

14 Informant: Geo. M. Stromberger

(Address): 800E. Preston St.

15 Filed C. Herbert Jones, Jr. 1928

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion-
(Probably Nephritis- History of headache and hypertension)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Call M. D.
(Coroner)

18 12/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cmtry Date of Burial: Dec 31 1925

20 UNDERTAKER: W S Marshall ADDRESS: 3539 Fait Rd

Spec.—1-10-21—M&T—1500 Bks.

Kirschner

E 40776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40776

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 21-29 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Kirschner

(a) RESIDENCE NO. 112 Ramsay St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Feb 14 1893

7 AGE — Years: 35 Months: 10 Days: 14 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm Kirschner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Katherine Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Katherine Kirschner

(Address): 112 Ramsay St

15 Filed [illegible] 1928 [illegible] Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1928, to Dec. 28, 1928, that I last saw him alive on Dec. 28, 1928, and that death occurred, on the date stated above, at 6.10 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Doubtful yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial Failure.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Dr Victor Goldberg M. D.

12/29/1928 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 31/28

20 UNDERTAKER: J. Ahearn & Co — ADDRESS: 2432 Eastern Ave

...er.—2-29-28—L. F. S.—500 Bks.

40777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40777

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 715 Ensor ST., 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel A. Pegram.

(a) RESIDENCE NO. 715 Ensor ST., WARD 9a

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 1906

AGE: Years 22 | Months 5 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: P. Pegram

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Alex. Pegram.

(Address) 1237 E. Hamburg St.

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/28

17

I HEREBY CERTIFY, That I attended deceased from 12-24, 1928, to 12-28, 1928, that I last saw h[illegible] alive on 12-28-28 and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

12-29, 1928 (Address) 508 [illegible] St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Creek Va. | DATE OF BURIAL: 12/30 1928

20 UNDERTAKER: Chris N. Johnson | ADDRESS: 416 N. Caroline St.

Spec. 1-10-21—M&T—1500 Blks.

E 40778 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40778

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) St Josephs Hosp (St.) 20-22 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Proffitt

(a) RESIDENCE NO. 626 South Patapsco St. WARD A. A Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William P Proffit

6 DATE OF BIRTH (month, day, and year) Dec 13-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER A. J. Holloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant William P Proffit

(Address) Annapolis Md

15 Filed 30 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928. to Dec. 29, 1928.

that I last saw her alive on Dec. 29, 1928.

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Bluff Annapolis Md

DATE OF BURIAL Dec 30 1928

20 UNDERTAKER B L Hopkins

ADDRESS Annapolis Md

pec.—1-12-23—M&T—500 Bks.

E 40779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 40779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Llewelyn ave ST. 8-16 WARD)

2-FULL NAME Helen C Loewenstein

(a) RESIDENCE NO. 2410 Llewelyn ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 29/1924

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John F Loewenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louise Sandoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John F Loewenstein

(Address) 2410 Llewellyn ave

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 29, 1928, that I last saw her alive on Dec 26, 1928, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H L Grunstein, M. D.

, 19 (Address) 9 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Jan 1 1929

20 UNDERTAKER George Schilling & Sons — ADDRESS 1120 E Monument St

Spec.—1-10-21—M&T—1500 Bks.

E 40780 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 24 001 E 40780

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 Hollins ST. 18-29 WARD

2-FULL NAME Catherine Murnaghan

(a) RESIDENCE NO. 918 Hollins ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1878

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Murnaghan

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McArdle

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant (Address) Mrs Mollie Murnaghan 918 Hollins

15 Filed 01928 19 C. H. Bellows, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Dec 27, 1928, that I last saw h alive on Dec 27, 1928, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Mary E Little, M. D.

(Address) 1203 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 12/31/28

20 UNDERTAKER Tempo & Talley ADDRESS Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 40781 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 101-001 E 40781

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 971 N Collington ave ST., 7-12 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eileen J Deacon

(a) RESIDENCE NO. 971 N. Collington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) July 30 1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Herbert Deacon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Loretta Bright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs Loretta Deacon

(Address) 971 N Collington Ave

Filed DEC 30 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Dec 30, 1928, that I last saw her alive on Dec 30, 1928 and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cemetery — DATE OF BURIAL Dec 31 1928

20 UNDERTAKER Henry Lutz — ADDRESS 203 N Broadway

Spec.—1-10-21 M&T 1500 Bks.

40782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40782

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 E. Oliver ST. 817 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Minnie M. Sukens

(a) RESIDENCE NO. 1735 E. Oliver ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Sukens

6 DATE OF BIRTH (month, day, and year) Aug 26 - 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Johnathan Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Harriett Hoard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs S. E. Lambdrn (Address) 1735 E Oliver st

15 Filed DEC 30 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12 - 1928 to Dec 29 - 1928.

that I last saw her alive on Dec 27 - 1928.

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 10 yrs mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin H. Fenby, M. D.

Dec 29 1928 (Address) 1223 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 12/31/1928

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 40783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 40783

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3932 Park Heights St. 15-5X (WARD)

2-FULL NAME Alfred Rufenacht

(a) RESIDENCE No. 3932 Park Height ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Rufenacht

6 DATE OF BIRTH (month, day, and year) March 25 87

7 AGE

Years	Months	Days	If LESS than 1 day hrs. or min.
41	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Engraver 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Peter Rufenacht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14

Informant Emma Rufenacht
(Address) 3932 Park Height

15 Filed DEC 30 1928

For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1928, to Dec 29th, 1928, that I last saw h/m alive on Dec 29th, 1928, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Acute tubercular pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H. R. Lucas, M. D.

12/31 1928 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hammonton N J. DATE OF BURIAL Dec 31 1928

20 UNDERTAKER J. W. M. Coulson ADDRESS 2238 N North

Spec.—1-10-21—M&T—1500 Bks.

E 40784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40784

CERTIFICATE OF DEATH. 101-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 26-11 WARD)

2-FULL NAME Agnes Funk

(a) RESIDENCE NO. 645 N. Highland Ave ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 4/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry C Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth L. Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry C Funk (Address) 645 N Highland Ave

15 Filed DEC 30 1928 C. HA[illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17

I HEREBY CERTIFY That I attended deceased from Nov. 1928 to Dec 29, 1928, that I last saw her alive on Dec 28, 1928, and that death occurred on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac disease

(duration) yrs 21 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. S. Rubenstein, M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 12/31 1928

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans

Spec.—1-10-21 M&T 1500 Blks.

E 40785 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 11-001 E 40785

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6603 Elsrode ave ST. 7-47 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Jackson

(a) RESIDENCE NO. 6603 Elsrode ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 28/1928

7 AGE Years — Months 4 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Joseph L. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Elora May Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant Joseph L Jackson
(Address) Patterson Md

15 Filed DEC 30 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1928 to Dec 29 1928, that I last saw him alive on Dec 28 1929, and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Influenza
Lobular Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos 5 ds. Exhaustion a Coma

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alf L Gage M. D.

12/29/28 (Address) 709 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loving Tom Md DATE OF BURIAL 12/31 1928

20 UNDERTAKER W M Cook ADDRESS 52 17 St Balto

Cor.—12-9-25—A Co.—200 Bks.

E 40786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 ✓ E 40786

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 S Linwood Ave St. 1-V Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loretto Moran

(a) RESIDENCE NO. 505 S. Linwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J Moran

6 DATE OF BIRTH (month, day, and year) Aug 23 - 1889

7 AGE Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
39	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Edward Grunau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant Michael J Moran

(Address) 505 S. Linwood

15 Filed Dec 27 1928 C. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza & Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

(Address) 705 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — Date of Burial 12/31/28

20 UNDERTAKER Wm Cook — ADDRESS 1211 E Bal

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40787

CERTIFICATE OF DEATH.

66 E 40787

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp ST. 26-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hudak

(a) RESIDENCE NO. 55 S. Kresson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth

6 DATE OF BIRTH (month, day, and year): June 27/81

7 AGE — Years: 57 Months: 6 Days: 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Stephen Hudak

(Address): 155 S. Kresson St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1926, to Dec 28, 1926, that I last saw h[im] alive on Dec 28, 1926, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cardiac dilatation

hypertrophy

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C E Jameson M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdawn

DATE OF BURIAL: 12/31 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 1115 Pond

DEC 30 1926 ELWOOD JONES, M.D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 40788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 40788

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 22-24 Ward)

2-FULL NAME Mary A Higgins

(a) RESIDENCE NO. 1618 Marshall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Higgins

6 DATE OF BIRTH (month, day, and year) Dec 25 1848

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Daniel A Higgins

(Address) 1618 Marshall St

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture L Neck by fall down stairway at home accident Immediate (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Senile Bronchitis (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James N Kemler M. D. (Coroner)

12/30 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1618 Marshall

Former or usual residence /

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial 1/1 1926

20 UNDERTAKER W. M. Cook ADDRESS 1617 E Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40789 109 E 40789

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST. 8-10 WARD)

2-FULL NAME Edward Meredith

(a) RESIDENCE NO. 3159 Elmora Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edna Meredith

6 DATE OF BIRTH (month, day, and year) April 5-1906

7 AGE: Years 22 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Ind

(c) Name of employer University

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ed Meredith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER V. Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hosp Records (Address)

15 Filed [illegible] 1928 HARRY JONES, D. C. By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-28

17 I HEREBY CERTIFY, That I attended deceased from 12-28-28 19 . to 12-30-28 19 .

that I last saw h[illegible]ive on 12-30-28 19 ,

and that death occurred, on the date stated above, at 6.05 A m.

The CAUSE OF DEATH* was as follows: Streptococcus throat

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Septicemia (Streptococcus) (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? By

What test confirmed diagnosis?

(Signed) C. C. Simmonds M. D.

, 19 (Address) St. Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 1/3 1929

20 UNDERTAKER Wm Cook — ADDRESS 1717 St Paul

Spec.—1-10-21—MAT—1500 Bks.

E 40790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40790

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Cora Mitzel

(a) RESIDENCE NO. York, Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years: about 56; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: H R. Grinnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Catherine Plymiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Hosp. Friends

15 Filed DEC 30 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-30-28

17

I HEREBY CERTIFY, That I attended deceased from 12-29-28, 19 to 12-30-28, 19, that I last saw her alive on 12-30-28, 19, and that death occurred, on the date stated above, at 6 05 P.M.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) 9 hours mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinic

(Signed) C. Zimmerman, M. D.

, 19 (Address) St. Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Penna

DATE OF BURIAL: 1/3 29

20 UNDERTAKER: Wm Cook

ADDRESS: 117 St Paul

...ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40791

CERTIFICATE OF DEATH

90 E 40791

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1712 Lansing Ave St. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louise Schelter

(a) RESIDENCE NO. 1712 Lansing Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Schelter

DATE OF BIRTH (month, day, and year): Nov. 13-1878

AGE: Years 50 | Months 1 | Days 15 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Albert Rembach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: George Rembach

(Address) 2262 Pleasant st

Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-27-28, 19... to 12-28-28, 19... that I last saw h... alive on 12-28-28, 19... and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Thos Gordon M.D.

, 19 (Address) 600 N Bad Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Dec. 31 1928

20 UNDERTAKER: William F. Schaffer

ADDRESS: 816 E. Monument

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40792

CERTIFICATE OF DEATH.

31

E 40792

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9. E. Eslend St. 29-33 WARD)

2-FULL NAME Charles Henry Stube

(a) RESIDENCE NO. 9. E. Eslend ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married Widowed~~ or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 11th 1882

7 AGE: Years 46 Months 5 Days 11. If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Stube

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Pauline Reinhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germa.

14 Informant: Henry Stube

(Address): 9. E. Eslend St

15 Filed 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1928, to Dec 29 1928, that I last saw him alive on Dec 28 1928 and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows: Cardiac Asthma

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Shipman M. D.

12/29 1928 (Address) 9 E Eslend St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Dec 31st 1928

20 UNDERTAKER: Fred A. Schauer & Co.

ADDRESS: 703 Hanover St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40793 — 90 — REGISTERED No. 40793

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 E. 20th St St., 4-46 Ward)

2-FULL NAME Hattie L. Bowerman

(a) RESIDENCE NO. 516 E. 20th St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Bowerman

6 DATE OF BIRTH (month, day, and year) Aug 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cordova, Md.

(State or country)

PARENTS

10 NAME OF FATHER Dennis Councell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Talbott Co., Md.

12 MAIDEN NAME OF MOTHER Emma Virg. Pratt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Carroll A. Councell

(Address) 516 E. 20th St.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

(Address) 12/29/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

(Where disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stephens Cemetery Bradshaw — Date of Burial Dec 31 1928

20 UNDERTAKER Mary M. Muckford — ADDRESS 501 E 22nd St

Spec.—1-10-21—M&T—1500 Blks.

40794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 E 40794

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) 809 N. Paterson Pk (WARD) 12

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dante Dellanoce

(a) RESIDENCE No. 809 N. Paterson P. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 25-1914

7 AGE — Years: 14 — Months: 3 — Days: 4. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Dellanoce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Emma. Di Flori

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant: Joseph Dellanoce

(Address): 809 N. Paterson P. Ave

15 Filed: 30 1928 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1928.

17 I HEREBY CERTIFY, That I attended deceased from 12-27 1928. to 12-29 1928. that I last saw h alive on 12-29 1928. and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Staphylococcus Aureus Septicemia

(duration) 0 yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gram + Blood Culture

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jan. 2 1929

20 UNDERTAKER: George L. Ruth ADDRESS: 1735 Hayford

Cor.—12-9-25—A Co.—200 Bks.

E 40795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103

E 40795

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred W. Dill

(a) RESIDENCE NO. 1920 Eutaw Place St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Dill

6 DATE OF BIRTH (month, day, and year) April 15/96

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Richmond Life Co

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Fred. L Dill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary A. Walsch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mary A. Dill

(Address) 1920 Eutaw Place

15 Filed DEC 29 1928 G. Herman Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hem.- Accidently struck by automobile at 831 E. Chase St

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Fitzpatrick (Coroner) M. D.

12/29/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mem Cathedral Cmty Date of Burial Dec 31. 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford

Spec.—1-12-23—M&T—500 Bks.

E 40796 E 40796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. Mar 31

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Viola Harcum

(a) RESIDENCE NO. 1615 Riggs ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Harcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed 3 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928, to Dec. 27, 1928, that I last saw her alive on Dec. 27, 1928, and that death occurred, on the date stated above, at 8.50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with Gangrene of Lung

Tuberculous Enteritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Henry C. Smith M. D.

12-27 28 Address Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: Dec 30 1928

20 UNDERTAKER: Thomas E. Nelson — ADDRESS: 1503 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Blks.

E 40797 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40797

CERTIFICATE OF DEATH. X 129

REGISTERED NO. 17-51

(If death occurred in a bospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST.) (WARD)

2-FULL NAME William Ambrose

(a) RESIDENCE NO. Dorsey Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dorsey Ambrose.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Alice Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Self.

(Address)

15 Filed 31 1928 C. H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 29, 1928, that I last saw him alive on Dec 29, 1928, and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Not given

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible], M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Wash. DC DATE OF BURIAL 1/31 1929

20 UNDERTAKER W. E. Harris ADDRESS 2222 Georgia Ave. Washington

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40798

CERTIFICATE OF DEATH

129 E 40798

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Wilmer ST., 17-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Hinfield

(a) RESIDENCE NO. 1036 Wilmer ST., 17 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 4 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62.	5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Texas

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Pauline Paul

(Address) 1036 Wilmer

Filed DEC 31 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 29, 1928, that I last saw h... alive on Dec 28, 1928 and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/29, 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 12-31 1928

20 UNDERTAKER: Daniel Eaton — ADDRESS 916 Penna Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40799

CERTIFICATE OF DEATH.

44 E 40799

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1328 Penna. Ave. ST. 17-24 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Hazelton

(a) RESIDENCE. No. 1328 Penna. Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Hazelton

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Thomas Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER L. E. Brown 12/30/28

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

PARENTS

14 Informant Mary C. Watson

(Address) 26 E. 23rd Street

Filed DEC 31 1928, 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1928.

17

I HEREBY CERTIFY, That I attended deceased from November 23, 1928, to Dec. 29, 1928, that I last saw h alive on Dec. 29, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver.

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. + Biopsy.

(Signed) John D. Quinn, M. D.

(Address) 1501 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 12-31-28

UNDERTAKER: Durant Carton. ADDRESS: 916

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40800

CERTIFICATE OF DEATH

24 E 40800

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1443 Hanover ST. 21-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas J Carrick

(a) RESIDENCE NO. 1443 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Carrick

DATE OF BIRTH (month, day, and year): Nov 25-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&D

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Eastern Shore

10 NAME OF FATHER: Henry Carrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore

12 MAIDEN NAME OF MOTHER: C

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Martha Carrick

(Address) 1443 Hanover St

Filed DEC 31 1928 H. E. [illegible] JONES, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-27-1928

17

I HEREBY CERTIFY, That I attended deceased from 12-25-28, 19 to 12-27-28, 19, that I last saw h alive on 1 19, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Cardozo, M. D.

12-28-28 (Address) 1524 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-31 1928
20 UNDERTAKER: David Evans	ADDRESS 916 Ca ave

Spec.–7-17-26—A Co.—200 Bks.

E 40801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 E 40801

REGISTERED NO. 12-50

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Stedman

(a) RESIDENCE NO. 3215 (Usual place of abode) St. Broadway Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown. 1907

7 AGE — Years: 21 — Months: ..... — Days: ..... IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town): Baltimore

(State or country): .....

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): .....

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): .....

(State or country): Unknown

14 Informant: Josephine Stedman

(Address): 3215 Broadway

15 Filed ..... 19 ..... Registrar

DEC 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/25/26

17 I HEREBY CERTIFY, That I attended deceased from 12/24/26, 19 ..... to 12/25/26, 19 .....

that I last saw h[illegible] alive on 12/25/26, 19 .....

and that death occurred, on the date stated above, at 12:33 A.M. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

..... (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) J. E. Wentland, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon — Date of Burial: Dec 31, 1926

20 UNDERTAKER: Wm. A. Elliott — ADDRESS: 1215 Eastland

Spec.—1-10-21—M&T—1500 Bks.

E 40802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101 E 40802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 Mulliken Ave. (WARD) 9

2-FULL NAME John Edwards.

(a) RESIDENCE NO. 1708 Mulliken ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (Write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Edwards.

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Edwards

11 BIRTHPLACE OF FATHER (city) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Annie Hynes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Annie Watkins 1708 Mulliken

15 Filed DEC 31 1928 [illegible] JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1928 to Dec 28, 1928, that I last saw him alive on Dec 27, 1928 and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Linck, M. D.

(Address) 28 1928 North Ave & Dimer

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. View Cemetery — DATE OF BURIAL: Dec. 31 28

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 40803

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 40803

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3208 Lyndale Ave ST., 8-42 WARD)

2—FULL NAME Doris May Steg

(a) RESIDENCE NO. 3208 Lyndale Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2½ mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 28, 1928

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Perry Hall
(State or country) Balto. Co. Md.

10 NAME OF FATHER Leonard Steg

11 BIRTHPLACE OF FATHER (city or town) Perry Hall
(State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Dorothy Schleicher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Dorothy Steg

(Address) 3208 Lyndale Ave.

Filed DEC 31 1928 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 19 28, to 12-30, 19 28, that I last saw h[illegible] alive on 12-30, 19 28 and that death occurred, on the date stated above, at 11:58 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) 2 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Circulation

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 1709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 1, 1929
20 UNDERTAKER	ADDRESS
Frederick Langenhan	Fullerton Md

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40804

CERTIFICATE OF DEATH.

101-09 E 40804

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 708 N. Eden (St.) 5-8 (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Sadie Barksdale

(a) RESIDENCE NO. 708 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of: Claborne Barksdale

DATE OF BIRTH (month, day, and year): April 1874

AGE: Years 54 | Months 8 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Prince Georges Co Md.

10 NAME OF FATHER: Richard Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Georges Co Md.

12 MAIDEN NAME OF MOTHER: Emily Crawley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West moreland Co Va.

Informant: Richard Gaskins

(Address) 208 N Eden St

Filed DEC 31 1928 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/27/28

17

I HEREBY CERTIFY, That I attended deceased from 12/9/, 1928, to 12/27, 1928.

that I last saw h[illegible] alive on 12/27, 1928

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis Chronic Interstitial

(duration) yrs mos 3 ds

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Microscopical

(Signed) [illegible] M. D.

, 19 (Address) 29 Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakin Cemetery

DATE OF BURIAL: Dec 31 28

20 UNDERTAKER: Mrs R. E. Elliott

ADDRESS: 1725 Laurens St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40805

CERTIFICATE OF DEATH

11-001 E 40805

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 125 r/r Riverside Ave ST. Aug 24-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Gordon Fleming

(a) RESIDENCE NO. 125 r/r Riverside Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Oct 11, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3.	2	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

NAME OF FATHER: Howard E. Fleming

BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary K. Montgomery

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

Informant: Howard E. Fleming

(Address) 125 r/r Riverside Ave

Filed DEC 31 1928 H. P. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 19 25, to Dec 29, 19 28

that I last saw him alive on Dec 29, 19 25

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Influenza v. Broncho pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys

(Signed) W. Mc Slaughter, M. D.

19 1928 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Dec. 31 19 28

20 UNDERTAKER: Margaret L. Fleming

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 40806

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001 E 40806

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1422 S. Charles ST. (WARD) 23-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geraldine J. Egan

(a) RESIDENCE NO. 1422 S. Charles WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Sept. 17 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: George Egan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary C. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Mary Egan

(Address): 1422 S. Charles St

Filed DEC 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 19 28, to Dec 29, 19 28,

that I last saw h alive on Dec 29, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diphtheria

CONTRIBUTORY (Secondary): Influenza + Mumps (duration) yrs. mos. 3 ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. B. Wheeler M. D.

12/30, 19 28 (Address) 1279 Hillman Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Dec. 31, 19 28

20 UNDERTAKER: Margaret T. Flynn — ADDRESS: 1422 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

220773 E 40807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40807

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Wade

(a) RESIDENCE NO. 2126 Illinois ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 31st 1881

7 AGE Years: 47 Months: 1 Days: 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Hopkins Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Ann Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Jan 31 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1928 to Dec 29 1928, that I last saw her alive on Dec 29 1928 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Adrenal Glands
(Addisons Disease)
Pulmonary and Pleural Tbc

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral DATE OF BURIAL: Jan 2nd 1929

20 UNDERTAKER: James L. Wyatt ADDRESS: 349 W. Lanvale

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 40808

CERTIFICATE OF DEATH

E 40808

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 947 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Berman

(a) RESIDENCE NO. 3717 Fremont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Berman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ruth Hirshbloom

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Tillie Berman

(Address) 3717 Fremont Ave

15 Filed DEC 31 1928 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/19/28 19 to 12/30/28 19

that I last saw h~~im~~ alive on 12/30/28 19

and that death occurred, on the date stated above, at 10:45 ~~p.~~ m.

The CAUSE OF DEATH* was as follows:

Gastro duodenal Ulcer

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 12/21/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. E. Wharton M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — Date of Burial 12/31 1928

20 UNDERTAKER Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Bks.

Colvin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40809

CERTIFICATE OF DEATH.

163 31

E 40809

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. B.) (S. or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Colvin

(a) RESIDENCE NO. 3602 Garrison Blvd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE: 49 Years | Months | Days | If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Russia

11 NAME OF FATHER: Solomon Colvin

12 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

13 MAIDEN NAME OF MOTHER: Freda Bernstein

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Hosp. Records.

Filed DEC 31 1928 H. A. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928, to Dec. 30, 1928, that I last saw him alive on Dec. 30, 1928 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry C. Smith M. D.

Dec 30 1928 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 12/31 1928

20 UNDERTAKER: Hol. Silverstone Bro — ADDRESS 1127 Balto st

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40810

CERTIFICATE OF DEATH

11-001 E 40810

1—PLACE OF DEATH

REGISTERED NO. 5463

CITY OF BALTIMORE: (No. 3806 Forrest Park ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John B Hogan

(a) RESIDENCE NO. 3806 Forrest Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Suzette

DATE OF BIRTH (month, day, and year) May 8 '57

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Charles Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

Informant Mrs Suzette B. Hogan

(Address) 3806 Forest Park Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1928, to Dec 28, 1928

that I last saw him alive on Dec 28th, 1928

and that death occurred, on the date stated above, at 2½ P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Steinberg, M. D.

, 19 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 31 19 28
20 UNDERTAKER	ADDRESS
H. M. Cole	217 St Paul St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40811

E 40811

90

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1920 N. Charles St. (Ward) 17-19

2-FULL NAME Louise E Durall

(a) RESIDENCE NO. 1920 N. Charles St. Ward 17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: J Harry Durall

6 DATE OF BIRTH (month, day, and year): Feb. 9-1876

7 AGE — Years: 52 Months: 10 Days: 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country) Md

10 NAME OF FATHER Thos C Edgerton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

PARENTS

14 Informant C. H. Hamner (Address) 5-W-25-st

15 Filed ..... 19 ..... Registrar

DEC 31 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease

of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrison M. D.

(Coroner)

12/30, 1928 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemty — Date of Burial 12/31 1928

20 UNDERTAKER: Wallace Cook — ADDRESS 1217 St Paul

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40812

E 40812

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred In a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1109 Fahburton St. 16-68)

2-FULL NAME Ralph B. Reynolds

(a) RESIDENCE NO. 1109 Fahburton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydella Reynolds

6 DATE OF BIRTH (month, day, and year): Mar 25 1867

7 AGE: Years 61 Months 9 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 62

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John Reynolds

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Brown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Lydella Reynolds

(Address): 1109 Fahburton

15 Filed: DEC 31 1928 C. H. [illegible] Registrar

Per: [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) F. C. Leith M. D.

(Coroner)

Dec 28 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 12/31 1928

20 UNDERTAKER: William Cook ADDRESS 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40813

CERTIFICATE OF DEATH

123

E 40813

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. (STREET) (WARD)

2—FULL NAME Mrs. Flora Bovee

(a) RESIDENCE NO. 2101 Sydney ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clarence J Bovee

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Indiana

10 NAME OF FATHER Wm Dodd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Martha Dodd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

Informant Hospital Records

(Address)

Filed ....., 19 ..... Registrar

(FLOYD JONES, M.D.)

Jan 31 1928 Per (K.V.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/28.

17

I HEREBY CERTIFY, That I attended deceased from 12/17, 1928, to 12/29, 1928

that I last saw her alive on 12/29, 1928

and that death occurred, on the date stated above, at 3:45 p. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Empyema of Gall Bladder (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12/24/28 Removal of Gall Stones

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Seton Waesche M. D.

12/29 1928 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/2 1929
20 UNDERTAKER	ADDRESS
Wm Cook	217 St Paul

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40814

CERTIFICATE OF DEATH

100-001

E 40814

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2817 Christopher Ave. ST. 27-43 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irene V. Kern.

(a) RESIDENCE NO. 2817 Christopher Ave. ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Infant.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 24, 1928.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2.	5.	

OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER William J. Kern.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Kelly Hastings.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

Informant William J. Kern.

(Address) 2817 Christopher Ave.

Filed 31 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 29, 1928, that I last saw h-er alive on Dec 29, 1928, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncial Pneumonia

(duratinn) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autnpsy? No

What test confirmed diagnosis? No

(Signed) C. L. Long, M. D.

12/30, 1928 (Address) 2 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Dec 31 1928
20 UNDERTAKER	ADDRESS
A. Howard Evans	3[illegible] Nor[illegible] Ave

Spec.—1-10-21—M&T—1500 Bks.

E 40815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 40815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Aisen ST. G-4 WARD 1)

2-FULL NAME Josephine Kindervater

(a) RESIDENCE NO. 2224 Aisen ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kindervater

6 DATE OF BIRTH (month, day, and year) June 7, 1849

7 AGE Corrected 1/21/29	Years	Months	Days	If LESS than 1 day, hrs. or min.
Last Birthday	79 ~~83~~	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Daughter Miss Mamie Kindervater

(Address) 2224 Aisen St.

15 Filed 3-11-1928 Harry S. Jones, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1928 to Dec 28, 1928.

that I last saw her alive on Dec. 28, 1928

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Arteriosclerosis & Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical Evidence.

(Signed) Geo B. Tybout, M. D.

19 (Address) 1302 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Dec 31 1928

UNDERTAKER F. A. Wippert ADDRESS 1850 W. Baltimore St.

pec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40816

CERTIFICATE OF DEATH

31 E 40816

1—PLACE OF DEATH

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4010 Penhurst Ave. ST. (WARD)

2—FULL NAME Gustav v. Frank

(a) RESIDENCE NO. 4010 Penhurst Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 14, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John C. Frank

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna L. Kratz.

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

Informant John C. Frank, (Brother)

(Address) 4010 Penhurst Ave.

Filed 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30th, 1928.

17 I HEREBY CERTIFY That I attended deceased from Oct. 13th. 1928 to Dec. 30th. 1928.

that I last saw him alive on Dec. 30th. 1928.

and that death occurred, on the date stated above, at 8:20 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Frederick Rempfer M. D.

19 (Address) 3710 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	1/2/29 19
20 UNDERTAKER	ADDRESS
Daniel Easton	226 Penna Ave

Spec.—7-17-26—A Co.—200 Bks.

Butler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40817

CERTIFICATE OF DEATH

101-001 E 40817

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1023 N Stricker St 16-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert Butler

(a) RESIDENCE NO. 1023 N. Stricker St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nannie Butler

6 DATE OF BIRTH (month, day, and year): 5-7-1899

7 AGE — Years: 29 Months: 7 Days: 22

IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Northumberland Co (State or country) Va

PARENTS

10 NAME OF FATHER Fred Butler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Northumberland Co Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Nannie Butler (Address) 1023 N. Stricker St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-26 1928 to 12-29 1928, that I last saw him alive on 12-29 1928, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Apoplexy (duration) ... yrs ... mos 5 ds.

Unknown (duration) ... yrs ... mos ... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frank F Saunders M. D.

12-31-1928 (Address) 1029 N Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lodge Wharf Va — Date of Burial: 12-31-1928

20 UNDERTAKER: Sam'l Crane Son — ADDRESS: 400 Mosher

Spec.—2-29-28—L. F. S.—500 Bks.

E 40818

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

E 40818

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. No 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Walter Green

(a) RESIDENCE NO. 229 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Theresa Evans Green

DATE OF BIRTH (month, day, and year) Dec 9 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	—	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer ?

BIRTHPLACE (city or town) (State or country) Balto Co. Md

10 NAME OF FATHER Josias Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Ella Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md

Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

Filed [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-28

17 I HEREBY CERTIFY, That I attended deceased from 12-24 1928 to 12-28 1928,

that I last saw him alive on 12-28 1928

and that death occurred, on the date stated above, at 12-50 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) — yrs 1 mos. — ds.

18 Where was disease contracted if not at place of death? Home ~~& Hospital~~

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? P Autopsy

(Signed) H. W. Mach M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Dec 31 1928
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	1112 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40819

CERTIFICATE OF DEATH

11-001

E 40819

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S Curley ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew Sutherland

(a) RESIDENCE NO. 923 S. Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lida B. Sutherland

DATE OF BIRTH (month, day, and year) Nov. 13-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler - Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Charlestown, (State or country) Mass.

10 NAME OF FATHER Andrew Sutherland Sr.

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country) Not known

Informant Lida B. Sutherland

(Address) 923 S. Curley St.

Filed DEC 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 19 28, to Dec. 29, 19 28, that I last saw him alive on Dec. 28, 19 28, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Influenzal Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

12-29-28 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetary

DATE OF BURIAL Jan 1 19 29

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E Eager

Cor.—12-9-25—A Co.—200 Bks.

Colemad.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40820

CERTIFICATE OF DEATH.

66 E 40820

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Gen Hosp. St., M-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roger Lolimad.

(a) RESIDENCE NO. 1003 N. Wolfe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pool parlor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia,

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Russia.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Md. Bath. Hosp. Record

(Address) Ralph Doe

15 Filed Jan 3 1928 19 C. HASKINS JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) — yrs. — One ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ds.

(Signed) F. B. Link, M. D.

(Coroner) Dec 30 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent Cem Date of Burial Jan 2 1929

20 UNDERTAKER John Grelliancher ADDRESS 423 S. Broad St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40821

CERTIFICATE OF DEATH

100-001 E 40821

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 29-48

CITY OF BALTIMORE: (No. 33rd. ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. John C. Manning

(a) RESIDENCE NO. Melrose Cove 33rd ST. Charles St Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 12, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor of Medicine

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Mass.

10 NAME OF FATHER George O. Manning

11 BIRTHPLACE OF FATHER (city or town) Boston

(State or country) Mass.

12 MAIDEN NAME OF MOTHER Lucretia Ahnuth

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

Informant Hospital Records

(Address)

Filed 12-31-1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928 to Dec 29, 1928

that I last saw h in alive on Dec 29, 1928

and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Quigley M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burial Mount Hamilton	Dec 31 1928
20 UNDERTAKER	ADDRESS
Stewart & Co	108 W Mulberry

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40822

CERTIFICATE OF DEATH

90 E 40822

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Harlem Ave ST. 16-68 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elsie Christina Weil

(a) RESIDENCE NO. 2424 Harlem Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 19 ds. How long in U. S., if foreign birth? 21 yrs. 11 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Jan-11-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper for

(b) General nature of industry, business, or establishment in which employed (or employer) Montgomery Ward &

(c) Name of employer Company

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER William J. Weil

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Magdalena Doerr

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Wm. J. Weil (father)
(Address) 2424 Harlem Ave

Filed DEC 31 1928 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-28

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 19 28, to Dec 30, 19 28,

that I last saw h[illegible] alive on Dec 30, 19 28

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) 1 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W Wisle M. D.

12/31, 1928 (Address) 2501 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 2 1929
20 UNDERTAKER	ADDRESS
Stewart & Mosner Co	Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

REGISTERED NO. E 40823

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1240 Harlem Park (WARD)

2—FULL NAME Anna Edelmann

(a) RESIDENCE NO. 1240 Harlem Park ST.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year): March 8 1869

AGE: Years 59 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balt.

10 NAME OF FATHER: Charles Edelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): ~~Balt.~~ Germany.

12 MAIDEN NAME OF MOTHER: Vikenow.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Mary Schickner

(Address): 1240 Harlem st

Filed 1928 C. Haverstick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th 1928 to Dec 30th 1928

that I last saw h alive on Dec 29th 1928

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 3 mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — Mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examinations

(Signed) Harry Weisel M. D.

12/31 1928 Address 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 1 1928
20 UNDERTAKER	ADDRESS
Geo. J. Funck	1230 Hollins st

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40824

CERTIFICATE OF DEATH.

90 E 40824

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5008 Morello Road ST. 27-43 (WARD)

2-FULL NAME Mary Catherine Watts

(a) RESIDENCE No. 5008 Morello Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. R. Watts

6 DATE OF BIRTH (month, day, and year) Dec.21,1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	91	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville, Md.

PARENTS

10 NAME OF FATHER James E. Trazzore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Laurence E. McCalley (Address) 5008 Morello Road

15 Filed 31-1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec.29, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 19 28, to Dec 29 19 28 that I last saw h[illegible] alive on Dec 29 19 28 and that death occurred, on the date stated above, at 8.05 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) x yrs. mos. ds.

18 Where was disease contracted if not at place of death? Arlem School

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

Dec 31. 19 28 (Address) x [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL June 2 1929

20 UNDERTAKER John F. Denny — ADDRESS 735 Ley St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40825

CERTIFICATE OF DEATH.

129 E 40825

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3406 Leverton St. 76-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C Baldwin

(a) RESIDENCE NO. 3406 Leverton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Whit	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha T. Baldwin

6 DATE OF BIRTH (month, day, and year) Sept 18 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber Master

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Balt City

(State or country) Md

PARENTS

10 NAME OF FATHER Emanuel Baldwin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Elizabeth Hemes

13 BIRTHPLACE OF MOTHER (city or town) Balto City

(State or country) Md

14 Informant Bertha T. Baldwin

(Address) 3406 Leverton St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Myocarditis (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) probably Intestinal Neoplasm (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benton, M. D. (Coroner)

12 29 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Dec 31 1928

20 UNDERTAKER Thos E. Billerbeck & Son ADDRESS 233 E Pratt

DEC 31 1928

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40826

CERTIFICATE OF DEATH

90 E 40826

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 523 N. Streeper ST., 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dora E. Zahn

(a) RESIDENCE NO. 523 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of the Late Charles Zahn

DATE OF BIRTH (month, day, and year) May 20-1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	7	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Missouri
(State or country)

10 NAME OF FATHER Bryant Wright

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Belt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant Anna F. Zahn
(Address) 523 N. Streeper St

Filed DEC 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/28

17 I HEREBY CERTIFY, That I attended deceased from 12/28, 19 28, to 12/30, 19 28,
that I last saw h. W alive on 12/30, 19 28
and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonia

1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

17 (Signed) L. L. Frame, M. D.

31, 19 28 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 2 1929
20 UNDERTAKER	ADDRESS
Wm. C. Miller & Son	2354 E. Fayette St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40827

CERTIFICATE OF DEATH

90 E 40827

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Charles ST., 17-51 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Alvey Foster

(a) RESIDENCE NO. 2116 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 4 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Wm. T. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ryder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Charles T. Foster

(Address) 225 Hawthorne Road

Filed [illegible] 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Dec 28, 1928, that I last saw h alive on Dec 27, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Duration to Cause Death
Endocarditis & Marked
Hypertension (duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Endocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Jeffers Bruce M. D.

12/29 1928 (Address) 2105 Clifton Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemy. DATE OF BURIAL [illegible] 19

20 UNDERTAKER Edwin O. Mitchell & Son ADDRESS 1911 Eutaw Pl.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 40828

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1926 (St.) Linden Ave (WARD) 4-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Andrews.

(a) RESIDENCE NO. 1926 (Usual place of abode) Linden Ave ST., WARD

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma H Andrews

DATE OF BIRTH (month, day, and year) Dec 23. 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79.		6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) School teacher

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Mollie Langelotta

(Address) 1926 Linden Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29. 28

17

I HEREBY CERTIFY, That I attended deceased from Dec 25. 1928. to Dec 29. 1928.

that I last saw h.r alive on Dec 29 1928

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? no Date of "

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J Frederick Leib, M. D.

12/31, 1928 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Dec 31 1928

UNDERTAKER John C. Mitchell and Son ADDRESS Mt Eutaw Place

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40829

CERTIFICATE OF DEATH

11-002

E 40829

1-PLACE OF DEATH

City of BALTIMORE: (No. 3119 Ferndale Ave St. 26-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Baer

(a) RESIDENCE NO. 3119 Ferndale Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Baer

6 DATE OF BIRTH (month, day, and year): Sept 7 1893

7 AGE: Years 35 Months 3 Days 23

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: Benjamin F Baer

11 BIRTHPLACE OF FATHER (City or town) (State or country) Waynesboro Pa

12 MAIDEN NAME OF MOTHER: Nettie Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Waynesboro Pa

14 Informant: Mrs Anna Baer (Address) 3119 Ferndale Ave

15 Filed DEC 31 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1928 to Dec. 30, 1928 that I last saw him alive on Dec. 30, 1928 and that death occurred, on the date stated above, at 3.10 a m.

The CAUSE OF DEATH* was as follows:

Grippe

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emerson Lovell M. D.

. 19 (Address) 3705 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem Date of Burial Jan 2 1929

UNDERTAKER: John O. Mitchell & Son ADDRESS 1901 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40830

CERTIFICATE OF DEATH

90

E 40830

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Hamburg ST. 23-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosetta Clark

(a) RESIDENCE NO. 110 W Hamburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Clark

DATE OF BIRTH (month, day, and year) Sept 19-1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	3	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Chas Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Chas Boyd

(Address) 110 W Hamburg St

Filed DEC 31 1928 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 27, 1928, that I last saw h alive on Dec 27, 1928 and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. W. McCord M. D.

12-28-1928 (Address) 1005 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct — DATE OF BURIAL Dec 31 19

20 UNDERTAKER J. H. Brown & Son — ADDRESS Lafayette Ave

Spec.—1-12-23—M&T—500 Blks.

E 40831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 40831

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital St. 11-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Robinson

(a) RESIDENCE No. 228 Pine ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hester Robinson

(Address) 804 N. Calhoun St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-25- 1928 to 12-28 1928

that I last saw h alive on 12-28 1928

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Lankarti, M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Dec 31 1928

20 UNDERTAKER Virginia A. Brooks

ADDRESS 1463 N. Carey

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40832

CERTIFICATE OF DEATH.

31 E 40832

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Carlton St. 12-16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert T. Allen

(a) RESIDENCE NO. 1618 Carlton ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kenick Allen

6 DATE OF BIRTH (month, day, and year) Dec. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Allen
(Address) 1618 Carlton

15 Filed DEC 21 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Dec 27, 1928, that I last saw him alive on Dec 27, 1928, and that death occurred, on the date stated above, at 7.40 P m

The CAUSE OF DEATH* was as follows:

Acute Nephritis and Pneumonia

CONTRIBUTORY (Secondary) General Debility (duration) yrs mos 3d ds.

(duration) — yrs — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) G. H. Hall, M. D.

, 19 (Address) 426 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL 12/31/1928

20 UNDERTAKER Mrs Geo H Holland — ADDRESS 1631 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Blks.

E 40833

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

E 40833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Highland St.) (Ward) 26 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia McCurdy

(a) RESIDENCE NO. 101 N. Highland Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milliard F. McCurdy

6 DATE OF BIRTH (month, day, and year) March 25-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Milliard F. McCurdy

(Address) 101 N. Highland Ave

15 Filed 31 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1 - 19 27 to Dec. 29 - 28,

that I last saw her alive on Dec 28 - 28,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Arthritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. O'Herron M. D.

Dec 31 - 28 (Address) 7918 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL June 2 1929

20 UNDERTAKER John A Moran — ADDRESS 2000 E Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 40834 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40834

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1404 E Biddle ST. 10-14 WARD) (REGISTERED NO.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isidore G. Kathmann

(a) RESIDENCE NO. 1404 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 15 ds. How long in U. S., if foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John J. Kathmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Alferman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Philomena Kathmann

(Address) 1404 E. Biddle St

Filed JAN 1 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1928, to Dec 30 1928, that I last saw him alive on Dec 30 1928, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intracranial hemorrhage - Edema of Lungs (duration) yrs mns. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) L. H. C. Cohen M. D.

12/31/ 1928 (Address) 1114 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 2nd 1929
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

E 40835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40835

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph. Hosp. ST., 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Fragosh

(a) RESIDENCE NO. 1717 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Joseph Fragosch

6 DATE OF BIRTH (month, day, and year) March 25 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Mr. Rodelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Peter Joseph Fragosch

(Address) 1717 E. Biddle St

15 Filed [illegible] 1928 [illegible] Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 1928 to Dec 29 1928,

that I last saw h[illegible] alive on Dec 27 1928,

and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Acute Cardiac Dilatation

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Dec 29 1928 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan 2 1929

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40836

CERTIFICATE OF DEATH

129 E 40836

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1838 W. Saratoga ST., 21 WARD)

2—FULL NAME George L. S. Wise

(a) RESIDENCE NO. 1838 W. Saratoga ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nannie Wise

DATE OF BIRTH (month, day, and year) July 4, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	5	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker.

(b) General nature of industry, business, or establishment in which employed (or employer) Show Case mfg.

(c) Name of employer S. Galprin

BIRTHPLACE (city or town) (State or country) Fleeton, Virginia,

10 NAME OF FATHER George W. Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah J. Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Harry T. Wise

(Address) 704 Edmondson st.

Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1925, to Dec 28, 1928

that I last saw him alive on Dec 28, 1928

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(duration) 2 yrs. 0 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1319 Light st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 31 1928

20 UNDERTAKER Hamilton Mckinney & Son — ADDRESS North Ave

E 40837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40837

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. 514 Lyndhurst ST. 10-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Katherine Seitz

(a) RESIDENCE NO. 514 Lyndhurst ST.,

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Seitz

7 DATE OF BIRTH (month, day, and year): May 10 1861

8 AGE: Years 67 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: John Uhrig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva L. Schwing

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Sophia Kechner

(Address) 514 Lyndhurst

Filed DEC 31 1928 R.H.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29-28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 19 28 to Dec 29 19 28

that I last saw h alive on Dec 29 19 28

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Chronic Nephritis - Endocarditis (duration) yrs. 2 mos. ds.

(duration) 2 yrs. mns. ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date of

Was there an autopsy? No

What test cnnfirmed diagnosis? Clinical Findings

(Signed) Lew. F. Wiesiger M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jany 1929

20 UNDERTAKER: H. Teckner Son

ADDRESS: Norther

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40838

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. E 40838

City of BALTIMORE: (No. 919 Penna Ave. Ward 17-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Bergman

(a) RESIDENCE NO. 919 Penna Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year): 1862

7 AGE: Years 66 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Austria.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Bergman

11 BIRTHPLACE OF FATHER (city or town): Austria

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Austria

(State or country)

14 Informant: Morris Bruckheimer

(Address) 919 Penna Ave

Filed DEC 31 1928 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 31st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) yrs. Sudden ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Link M. D.

(Coroner)

Dec 31st, 1928 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run Date of Burial Dec 31 1928

20 UNDERTAKER: S. Fenner Bro ADDRESS 1167 Bulls St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40839

CERTIFICATE OF DEATH.

17° E 40839

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hospital Spec Charles 50 Ward)

2-FULL NAME Ethel A. White

(a) RESIDENCE NO. Hospital Spec Charles & Saint Paul Sts. St. 12 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. White

6 DATE OF BIRTH (month, day, and year) Jan 13th 1894

7 AGE	Years	Months	Days
	34	11	15

16. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trained Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Del

PARENTS

10 NAME OF FATHER Joseph Anderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs John Unger

(Address) Chester Pa

15 Filed 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Gun Shot Wound Thorax & Head (Suicide)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Dr. J. Mossner M. D.

(Coroner)

12/30, 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Dec. 31, 1928

20 UNDERTAKER E Leroy Stiffler ADDRESS 125 E. North ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40840

CERTIFICATE OF DEATH

16 1001

E 40840

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore Md ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Simms

(a) RESIDENCE NO. Mt. Gomery Road, Elkridge ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	infant

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 1928

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Provident Hospital

10 NAME OF FATHER William Simms

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Md

12 MAIDEN NAME OF MOTHER Clementine Sims

13 BIRTHPLACE OF MOTHER (city or town) Howard Co (State or country) Md

Informant Provident Hospital

(Address) Baltimore

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Dec 31, 1928

that I last saw h/m alive on Dec 30, 1928

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. Jackson M. D.

12/31, 1928 (Address) 600 Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elk Ridge Farm and Church

DATE OF BURIAL Jan 2 1928

20 UNDERTAKER Clarence E. Wright

ADDRESS 864 N Carey

Cor.—12-9-25—A Co.—200 Bks.

E 40841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40841

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 16-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Kral

(a) RESIDENCE NO. 15 south Conklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) March 25, 1913

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	15	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer) Abeerdon Md.

(c) Name of employer Mrs. Hallie

9 BIRTHPLACE (city or town)

(State or country) Aberdeen Md

PARENTS

10 NAME OF FATHER John Kral

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Frances Sevick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Frances Kral

(Address) 15 South Conklin St.

15 Filed DEC 31 1928 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) influenza

(duration) yrs. mos. ds.

(Signed) J S H Pollen M. D.

(Coroner)

12-31-28 (Address) 500 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Francis Cemetery Date of Burial Jan 2 1929

20 UNDERTAKER August Pasek ADDRESS Aberdeen Md 2406 a

Spec.—1-10-21—M&T—1500 Blks.

E 40842 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40842

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 11-15 (Ward) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harper Harrington

(a) RESIDENCE NO. Fatrobe Apts. City ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Late Joseph B. Harrington

6 DATE OF BIRTH (month, day, and year): July 12 1865

7 AGE: Years 63 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John C. Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md—

12 MAIDEN NAME OF MOTHER: Florence Avle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friends

(Address): JOHNS HOPKINS HOSPITAL

15 Filed 1928 C. [illegible] JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 29, 1928, that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 7-45 P m.

The CAUSE OF DEATH* was as follows:

Metastases from recurrent lung fibro nephroma. Patient died in uremia

(duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia & metastases

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray & Blood Chemistry

(Signed) Charles M. McLane, M. D.

12/30, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Talbot Co Md — DATE OF BURIAL: Jan 1 1929

20 UNDERTAKER: Henry Meinbin & Co — ADDRESS: Dec 29 Easton Md

Spec.—2-29-28—L. F. S.—500 Bks.

E 40843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40843

1—PLACE OF DEATH Balto City Hospl

REGISTERED NO. 91-00

CITY OF BALTIMORE: (No.) Balto Md (ST.) 3-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Bulter

(a) RESIDENCE NO. 3 S. Bond St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Balto City Hospls

(Address) Balto Md

Filed ....., 19.... C. HERBERT JONES, M. D.

11928 for ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/28

17 I HEREBY CERTIFY, That I attended deceased from 12-20-..., 1928, to 12-27-, 1928

that I last saw him alive on 12-27 1928

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis as cardiac failure

(Primary) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis [redacted]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. W. Hildebrandt M. D.

12-29 1928 (Address) 1 Eutaw Pl. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cem	June 2 1929

20 UNDERTAKER Theodore Hirte ADDRESS 1336 Eagle

Spec.—1-12-23—M&T—500 Bks.

E 40844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40844

CERTIFICATE OF DEATH.

REGISTERED NO. 164-E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital ST. [illegible] WARD)

2-FULL NAME Baby boy Reif

(a) RESIDENCE NO. West Baltimore Gen. Hospital ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27/28.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Baltimore General Hospital

10 NAME OF FATHER Henry J. Reif

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Md.

12 MAIDEN NAME OF MOTHER Theresa Ahlers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County Md

Informant

(Address)

Filed 1928 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1928, to Dec 30th, 1928; that I last saw h in alive on Dec 30th, 1928, and that death occurred, on the date stated above, at 5.15 a m.

The CAUSE OF DEATH* was as follows:

Prematurity - 28 weeks Gestation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otto Schwarz M. D.

12/30 1928 (Address) 817 East Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL Dec. 31 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

Spec.—2-29-28—L. F. S.—500 Bks.

40845

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 VE 40845

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Mount Royal AVE. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ELIZABETH EMMOGENE ADAMS

(a) RESIDENCE NO. 1325 MOUNT ROYAL AVE. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SALESLADY 60

(b) General nature of industry, business, or establishment in which employed (or employer) DEPARTMENT STORE

(c) Name of employer O'NEIL & CO.

BIRTHPLACE (city or town) BALTIMORE
(State or country) MD.

10 NAME OF FATHER ANTHONY ADAMS

11 BIRTHPLACE OF FATHER (city or town) MD.
(State or country)

12 MAIDEN NAME OF MOTHER MARY E. GETTIER.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) MD.

Informant MRS MARY I. CARROLL

(Address) 1714 N. EUTON AVE.

C. HARRISON JONES, M.D.

FILED DEC 31 1928 Per [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-28.

17 I HEREBY CERTIFY, That I attended deceased from May 16. 1921. to Dec 29. 1928.

that I last saw her alive on Dec 29. 1928

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Ovarian Tumor.

(duration) 10 yrs? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry L. McCarty M. D.

12-31. 1928 (Address) 3711 Lawton Street.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
NEW CATHEDRAL CEMETERY	1-2-29

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1829 W North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40846 — 40846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Harrison

(a) RESIDENCE NO. 1725 Wilkins Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day 16 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Ernest Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kents Co. Md.

12 MAIDEN NAME OF MOTHER Marie Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Husband Wm E. Harrison 1725 Wilkins Ave

15 Filed 1 1928 — C. HARRISON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1928. to Dec 29 1928.

that I last saw her alive on Dec 29 1928

and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas. H. Peters, M. D.

Dec 30 1928 Address 524 S. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 1-3 1929

20 UNDERTAKER: Harry L. Whitehall, 53 N. Lombard St. — ADDRESS

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40847

CERTIFICATE OF DEATH

90 E 40847

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Stern

(a) RESIDENCE NO. 109 N Front St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1853

7 AGE: Years 75 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: State Employe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Jack Lewis

(Address) 1439 E. Balto St

Registered JAN 1 1928

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 19 12/27/25

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 19 25 to Dec 27 19 25

that I last saw him alive on 12-27- 19 25

and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardio-renal disease + decompensated

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Lyons, M. D.

1/28 1926 Address Mercy Hospital # 2755

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem Date of Burial: Jan 1 1928

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40848 E 40848

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

CITY OF BALTIMORE No 820 Warren St 22-20 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Brown

(a) RESIDENCE No 820 Warren St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Autumn

7 AGE: Years 45 Months — Days — If LESS than 1 day, hrs. — or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: marble polisher

(b) General nature of industry, business, or establishment in which employed (or employer): — — 076

(c) Name of employer: — —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Josephine Barchers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Josephine Brown 1226 Warren St

Filed Dec 31 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 29 1928,

that I last saw he alive on Dec 27 1928,

and that death occurred on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation Exhaustion

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 820 Warren St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Forbes, M. D.

Dec 31/1928 (Address) 712 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 1 1929

20 UNDERTAKER: Lottie Gross ADDRESS: 1405 Mulberry St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40849

CERTIFICATE OF DEATH

114 E 40849

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. # 921 Ramsey St ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellen Fitzgerald

(a) RESIDENCE NO. # 921 Ramsey St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

If married, widowed, or divorced
(or) WIFE of [redacted] James Of the late Fitzgerald

DATE OF BIRTH (month, day, and year) Dec 16.1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	" "	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Richard Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Reardon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Mary C. Conroy

(Address) 921 Ramsey Street

Filed ..... 19 ..... C Harvey Jones
Registrar

1928 Pm Dec 29

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Dec 30, 1928, that I last saw h[illegible] alive on Dec 29, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Dec 30, 1928 (Address) 617 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan 2, 1929.

20 UNDERTAKER John J. Cowan & Son ADDRESS 901 Collins Av.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40850

CERTIFICATE OF DEATH

57

E 40850

1—PLACE OF DEATH

REGISTERED NO. 19-27

CITY OF BALTIMORE: (No. 113 N. Monroe St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roseann Mc Gillen

(a) RESIDENCE NO. 113 N. Monroe St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Mc Gillen

DATE OF BIRTH (month, day, and year) Jan 10, 1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	56	11	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer) " " "

(c) Name of employer " " "

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER John Troy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Nugent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mr Michael Mc Gillen

(Address) 113 N. Monroe St.

Filed 1-1 1928, 19 CRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Dec 29, 1928, that I last saw her alive on Dec 29, 1928 and that death occurred, on the date stated above, at 9.55 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edgar E. Travers, M. D.

19 (Address) 1501 Bolton.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan 2, 1929.
20 UNDERTAKER John J. Cowan & Son	ADDRESS 1015 Bolton St

Cor.—12-9-25—A Co.—200 Bks.

E 40851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 40851

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2130 Maisel St. 25-24 Ward)

2-FULL NAME George C. Willet

(a) RESIDENCE NO. 2130 Maisel St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineman

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Elizabeth Schmidt

(Address) 2130 Maisel

15 Filed ..... 19 ..... Registrar

1 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. [illegible] M. D.

(Coroner) 12/31 1928 (Address) Brooklyn, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial Jan 2, 1929

20 UNDERTAKER Charles W. Dill ADDRESS 3109 Frederick Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

761-001

E 40852

E 40852

CERTIFICATE OF DEATH.

REGISTERED NO _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 925 E. Madison St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Marshall

(a) RESIDENCE NO. 925 E. Madison St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29/28

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or 2 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Walter N. Bernard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Marshall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Carrie Marshall

(Address) 921 E. Madison St

Filed ..... 19 .....

1-1928 3091 RPH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1a Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Patton, M. D.
(Coroner)

Dec 30, 1928 (Address) 508 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

19

20 UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 31 1928

Commissioner of Health

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40853 E 40853

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 25-22 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Lawlor

(a) RESIDENCE NO. 121 Delrey Ave. (St.) Catonsville (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 26, 1868

7 AGE: Years 60 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Packer - do

(b) General nature of industry, business, or establishment in which employed (or employer): Muths drug store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City - Balto

PARENTS

10 NAME OF FATHER: Wm. Lawlor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Maher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Anne Lawlor

(Address) 21 Delrey Ave Catonsville Md

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-20 1928 to 12-30 1928,

that I last saw h[illegible] alive on 12-30 1928

and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Arterio sclerosis

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Eicher M. D.

12/30 1928 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Jan. 2 1929

20 UNDERTAKER: Joseph F. Cook

ADDRESS: 1003 West Baltimore St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40854

CERTIFICATE OF DEATH

20 V E 40854

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 12-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Lola Looper

(a) RESIDENCE NO. 4 or 504 Overhill Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 9, 1927

7 AGE: Years 1 Months 10 Days 21 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Dr. Edward A. Looper

11 BIRTHPLACE OF FATHER (City or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Lola Patenall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Dr. Edward A. Looper (Address) 4 Overhill Road

15 1928 19 C. Harrison Jones M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30/28

17 I HEREBY CERTIFY, That I attended deceased from 12/27/28 19 to 12/30/28 19 that I last saw her alive on 12/30/28 19 and that death occurred, on the date stated above, at 8 [illegible] m.

The CAUSE OF DEATH* was as follows:

Foreign Body in Trachea

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of 12/30/28

Was there an autopsy? No autopsy Dr. Looper

What test confirmed diagnosis? Bronchoscopy

(Signed) J. S. Windsor, M. D.

12/30 19 28 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

Date of Burial: Jan 1 1929

20 UNDERTAKER: [illegible]

ADDRESS 1003 West Baltimore St

Spec—12-23-21—E.P.K.S.—400 Blks.

E 40855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40855

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 6020 Sefton Ave. St. 27-43 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ezra R. Snively

(a) Residence No. 6020 Sefton Ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence L

6-DATE OF BIRTH (month, day and year): Dec. 7, 1903

7-AGE: 25 yrs. 22 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Ed. Nicholson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Sallie Hawkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country):

14-

(Informant) Clarence Snively

(Address) 6020 Sefton Ave.

15-

Filed 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 29-28

17- I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928 to Dec 29, 1928

That I last saw her alive on Dec 29 1928

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Rheumatism

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

Dec 29 1928 (Address) 6858 Johnnycake Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12-30 1928

20-UNDERTAKER: Leonard J. Funk — ADDRESS: 6405 Sefton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40856 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40856

CERTIFICATE OF DEATH

129

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 46th St Eastern Ave (STREET) WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest A Reinhart

(a) RESIDENCE NO. 46th St Eastern ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Reinhart

DATE OF BIRTH (month, day, and year) June 3 1851

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER Charles Reinhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henerette Betzhold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant George Reinhart

(Address) 46th St Eastern ave

FILED ....., 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 29, 1928.

That I last saw him alive on Dec 28, 1928

And that death occurred, on the date stated above, at 7:00 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia 1 day

Chr. nephritis

arterio sclerosis and hypertension (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlarged heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Exam —

(Signed) Louis F. Hummer M. D.

19 (Address) 722 N. Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Ringgold Pa	Jan 1 1929
20 UNDERTAKER	ADDRESS
M W E Dippel	Dec 31 Same

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40857 101 E 40857

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Laurens ST. 15th WARD)

2-FULL NAME Margaret Mueller

(a) RESIDENCE NO. 1200 Laurens ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, ~~widowed, or divorced~~ (HUSBAND) of (or) WIFE of: Henry Mueller

6b DATE OF BIRTH (month, day, and year): Oct. 2-1858

7 AGE: Years 70; Months 2; Days 28; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md

10 NAME OF FATHER: Balthaser Kimler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaretha Metz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Miss Margaret Mueller 1200 Laurens St

File No. 1-1928 C. [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Dec 30, 1928, that I last saw h alive on Dec 29, 1928 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Pulm. Mycosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Paul Blevins, M. D.

(Address) 1837 Eutaw Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 2 1929

20 UNDERTAKER: Geo. H. Tilley — ADDRESS: Edmondson

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40858 | 129 E 40858 | REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2557 Edmondson Ave. ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Christina Plitt,

(a) RESIDENCE NO. 2557 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William F. Plitt,

DATE OF BIRTH (month, day, and year) December 10. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	--	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John G. Kohlhepp,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Ditzel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Wm F Plitt

(Address) 2557 Edmondson Ave

Filed ... 19 ... Registrar

31 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased (from Dec. ..., 19 25, to Dec. 30, 19 25,

that I last saw h... alive on Dec. 29, 19 25

and that death occurred, on the date stated above, at 12 05 A M.

The CAUSE OF DEATH* was as follows:

Chr. nephritis

myocardial insuff

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl. Exam

(Signed) Henry G. Todd, M. D.

Dec. 31, 19 25 (Address) 735 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40859

CERTIFICATE OF DEATH.

24 E 40859

1-PLACE OF DEATH

City of BALTIMORE: (No. 4102 Penhurst Ave. 15-63 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... James Franklin Mills

(a) Residence No. 4102 Penhurst Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6/0 mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, ~~Widowed, or Divorced,~~ (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Hattie Rous Mills

6-DATE OF BIRTH (month, day and year) March 29, 1837

7-AGE. 90 yrs. 9 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired grocer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, John L. Mills

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER, Cecelia Botaine

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). France

14- (Informant) Hattie Wood

(Address) 4102 Penhurst Ave.

15- Filed DEC 31 1928 C. HAMPSON JONES, Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/30/28

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928 to Dec 30 1928 that I last saw h~~im~~ alive on Dec 30, 1928 and that death occurred, on the date stated above, at 10.15 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Uremia

(Duration) yrs. mos. 1/2 ds

CONTRIBUTORY (Secondary) Uremia & Colonic Sclerosis (Duration) [redacted] mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clinton H Condon M. D.

, 19 (Address) 3707 Gatewood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park	Dec 19 28

20-UNDERTAKER. J. M. Joe Sofer

ADDRESS 1602 W. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 40860

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 510 Nicol Ave ST. 27-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma H. Utley

(a) RESIDENCE NO. 510 Nicol Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Utley Sr

DATE OF BIRTH (month, day, and year) Feb 9th 1873

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	10	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

10 NAME OF FATHER Ebenezer White

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Louisa Eggleston

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

Informant Wm H. Utley

(Address) 510 Nicol Ave

Filed 1928 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 30, 1928,

that I last saw her alive on Dec 29, 1928

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Pyelonephritis

Chr. Myocarditis - Arteriosclerosis

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) S. H. Bishop M. D.

Dec 31, 1928 (Address) 501 Shoulder

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
LOUDON-PARK CEMETERY	Jan 1 1929

20 UNDERTAKER ADDRESS

F. A. WIPPERT - 1850 W. Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40861

CERTIFICATE OF DEATH.

181-00 E 40861

1-PLACE OF DEATH

City of BALTIMORE: (No. 2934 Hudson St., 1-1 Ward)

REGISTERED NO.

2-FULL NAME Ella W Stevens

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(R) RESIDENCE NO. 2931 Hudson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Wm. Stevens

6 DATE OF BIRTH (month, day, and year) Oct 4 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	73	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co, Md.

PARENTS

10 NAME OF FATHER Chas. Campbell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Md.

14 Informant Chas. E. Stevens

(Address) 2931 Hudson St.

DEC 31 1928 C. HAMDON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Asphyxiation by Obstruction of the throat

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) due to being struck by a Ford car driven inadvertently by

(Duration) ....yrs. ....mos. ....ds.

(Signed) Ernest H Fenton M. D.

(Coroner)

12/29 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial 1/3 1929

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 40862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40862

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1st Balto Ge 1411 St. (Ward)

2-FULL NAME Joseph H Donahey

(a) RESIDENCE NO. 209 East Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years about 61 Months Days

IF LESS than 1 day..... hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bactinologist

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer: Jet Plant

9 BIRTHPLACE (city or town)

(State or country): Pittsburg

PARENTS

10 NAME OF FATHER: Wm Donahey

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Maria Carroll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pennsylvania

14 Informant: Mrs J McVickers

(Address): 209 E Preston

15 Filed 1929 C. H. Wilson Jones Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Dec 31st 1928 (Signed) F. C. Lurk (Coroner) M. D.

(Address) North Ave & Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence 209 E Preston St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pittsburg Pena

Date of Burial: 1/1 1929

20 UNDERTAKER: Nathan Cook

ADDRESS: 1217 St Paul

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-09 V 40863

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1606 Clarkson St. Ward) 23-32 Registered No.

2-FULL NAME Mary Truffer (TRUFFER)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1606 Clarkson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: August Truffer

6-DATE OF BIRTH (month, day and year): Nov 12 1842

7-AGE: 86 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany

PARENTS.

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (city or town) (State or Country): not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Not known

14- (Informant): Edward Truffer

(Address): 1606 Clarkson St

15- Filed 1929 C. HANSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year): 12-29-28

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Dec 29 1928

that I last saw h alive on Dec 29 1928

and that death occurred on the date stated above, at 10:30 P M

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Ephanitis

Duration yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. B. Campbell M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. | DATE OF BURIAL: 1-2nd 1929

20-UNDERTAKER: E & B Hahn | ADDRESS: 1156 E Mt St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40864

CERTIFICATE OF DEATH

100-99 E 40864 - 2627 Caster Ave

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 South Bond ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adams E Wasowicz

(a) RESIDENCE NO. 632 South Bond St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of S

DATE OF BIRTH (month, day, and year) Nov-25/1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) NRD

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Adam J Wasowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jean Greanka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisiana

Informant Jean Wasowicz

(Address) 632 S. Bond

Filed 1929 C. HARRISON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26 1928, to Dec 30, 1928, that I last saw him alive on Dec 30 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) acute Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J Kinge M. D.

19 (Address) 632 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	1/2 1929
20 UNDERTAKER	ADDRESS
Herman Cook	1219 St Paul

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40865

CERTIFICATE OF DEATH

101-91 40865

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lunn

(a) RESIDENCE NO. 437 N High St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years 59 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nickel Polisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. Lunn

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Harvey

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Maryland

14 Informant John T Hartel

(Address) 2 Lee Lunn St

15 Filed 19 C. MARTIN JONES, Registrar

1929 Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 12/31/28 19

17 I HEREBY CERTIFY, That I attended deceased from 12/29/28 19 to 12/30/28 19,

that I last saw him alive on 12/30/28 19,

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jos Wm Lee, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial 1/2 1929

20 UNDERTAKER Wm Cook — ADDRESS 501 E North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40866

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 28-65 ST. 90 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Burnside Bowen

(a) RESIDENCE NO. 44 Forest Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Bowey

DATE OF BIRTH (month, day, and year) 2-29-1869

AGE	Years	Months	Days	If LESS than 1 day, —hrs or min.
	59	—	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ? Md.

10 NAME OF FATHER David Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Md.

12 MAIDEN NAME OF MOTHER Rebecca Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Md.

Informant

(Address)

Filed 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-28

17

I HEREBY CERTIFY, That I attended deceased from 8-23, 1928, to 12-30 1928.

that I last saw h alive on 12-30 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) over 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolus to Lung R

(duration) yrs. mos 14 ds.

18 Where was disease contracted if not at place of death? Home & Hosp

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. E. Thom M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemty

DATE OF BURIAL 1-3- 1929

20 UNDERTAKER W. M. Cook

ADDRESS 82 W. 7th St Balt

Spec.—2-29-28—L. F. S.—500 Bks.

E 40867

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40867

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 817 Chauncey Av ST., 13-39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Klein

(a) RESIDENCE NO. 817 Chauncey Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hermann Klein

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Mendel Stiebel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lehmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

Informant Benton Stiebel

(Address) 817 Chauncey Av

Filed 1929, Pat G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 30 1928, that I last saw h-- alive on Dec 30 1928, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
chronic nephritis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) I Terlecki Levi M. D.

12-31, 19 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levi Sprindelf Cem	Jan 1st 1929

20 UNDERTAKER David Sondheim ADDRESS 1054 Mt Royal Av

Spec.—1-12-23—M&T—500 Bks.

E 40868 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40868

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B. 29) (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Wheat

(a) RESIDENCE No. 703 Barry st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE — Years: 28 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John E. Wheat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed 1-5 1929 C. HARRISON JONES, M.D. Registrar

Per ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Dec. 28, 1928, that I last saw him alive on Dec. 28, 1928, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

12-28 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Jan 2 1929

20 UNDERTAKER: Edmonds Son

ADDRESS: 2415 Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40869

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40869

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. [redacted] ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Weitzell, John

(a) RESIDENCE NO. 422 W. 25 ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7 DATE OF BIRTH (month, day, and year) ?

8 AGE	Years	Months	Days	If LESS than 1 day, — hrs or min.
	65	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? Md.

10 NAME OF FATHER William Weitzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Md

12 MAIDEN NAME OF MOTHER Sophia Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Va.

Informant [redacted]

(Address) [redacted]

Filed 1929 . 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-28

17 I HEREBY CERTIFY, That I attended deceased from 12-21 . 1928. to 12-29 . 1928.

that I last saw him alive on 12-29 . 1928

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, L.

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) John F. Moran, M. D.

. 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Jan 2 1929

20 UNDERTAKER Ehrnowd & Son ADDRESS 967 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40870

CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3340 Keswick Rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence A Carback

(a) RESIDENCE NO. 3340 Keswick Rd WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanch Pearback

DATE OF BIRTH (month, day, and year): Jan 6 186

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	11	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truckster

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Wm Carback

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Wm Carback

(Address): 3340 Keswick Rd

Filed 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Dec 30th, 1928, that I last saw h... alive on Dec. 30th, 1928, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Pulmonary Lesions

(Signed) Thos. H. Phillips, M. D.

19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Dom Balto Co

DATE OF BURIAL: Jan 1 1929

20 UNDERTAKER: Ehrmantraut Son

ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 40871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40871

1—PLACE OF DEATH

REGISTERED NO. 31

CITY OF BALTIMORE: (No. 1822 W. Fayette ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John T. Shanahan

(a) RESIDENCE NO. 1822 W. Fayette St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Shanahan

DATE OF BIRTH (month, day, and year) July 12, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	28	18

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 609

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Michael Shanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Miss Lola Shanahan

(Address) 1822 W. Fayette St.

Filed 1929 C. HAYDON JONES, P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1928

17

I HEREBY CERTIFY, That I attended deceased from November 3, 1926, to December 27, 1928, that I last saw h in alive on December 27, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 2 Yrs

Arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw Woodbury, M. D.

12/31, 1928 (Address) 24 E. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

UNDERTAKER Leo A Farley

DATE OF BURIAL 1-2 1929

ADDRESS 1800 W Fayette St

Spec.—2-29-28—L. F. S.—500 Bks.

See Letter on file from Chas J Keller M.D. dated 1-4-1929

HEALTH DEPARTMENT—CITY OF BALTIMORE

Changing Serial Letter & No. E 40872

E 40872

CERTIFICATE OF DEATH

1—PLACE OF DEATH Sherwood Hotel

REGISTERED NO. 11-24

CITY OF BALTIMORE: (No. 212 Monument St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ariana Walker

(a) RESIDENCE NO. Sherwood Hotel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	~~Single~~ married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Walker (Brother)

6 DATE OF BIRTH (month, day, and year) July 23, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Broker

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Springfield, Mass.

10 NAME OF FATHER George Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Peterborough, N. H.

12 MAIDEN NAME OF MOTHER Sarah D. Bliss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Springfield, Mass.

Informant Philip Walker (Brother)

(Address) 2700 Que St., Wash., D. C.

Filed 1929 C. Hayden Jones Jr. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Dec 31, 1928, that I last saw h alive on Dec 30, 1928 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Phys. exam.

(Signed) Chas J Keller, M. D.

1/31, 19 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Springfield, Mass.	Jan. 2, 1929
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Pl

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40873

CERTIFICATE OF DEATH.

185 E 40873

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen Hosp. St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Janet Little

(a) RESIDENCE NO. 1936 W. North Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. 3 mos. 5 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Steu C. Little Sr.

6 DATE OF BIRTH (month, day, and year): Sept. 26 1841

7 AGE — Years: 87 Months: 3 Days: 5 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md.

(State or country)

10 NAME OF FATHER: David Nick

11 BIRTHPLACE OF FATHER (city or town): Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town): Talbot Co.

(State or country) Md.

PARENTS

14 Informant: Hosp Record

(Address)

15 Filed ..... 19 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy and inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

(Fell down steps)

Compound Fracture of Femur

(Duration) ..... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. 6 mos. 4 ds.

(Signed) F. D. Luck M. D.

(Coroner)

Dec 31 (Address) Wolfe Bet Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

1936 W. North Ave

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem Date of Burial Jan 7 1929

20 UNDERTAKER: John C Mitchell and Sons ADDRESS 1701 Eutaw

Dec 31

Spec.–7-17-26—A Co.—200 Bks.

E 40874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-091 E 40874

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 601 Edgevale Road (Ward) 17-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Letetica Coulter.

(a) RESIDENCE NO. 601 Edgevale Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 1848

7 AGE: Years 80 Months 5 Days 27 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Coulter

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Isabella —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant: Mrs. C. Miller

(Address) 601 Edgevale Road.

15 Filed - 1929 C. HARRISON JONES Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to Dec 31, 1928, that I last saw h— alive on Dec 30, 1928, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Smith, M. D.

Dec 31, 1928 (Address) 4509 Gibson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery Date of Burial 1/2 1929

20 UNDERTAKER: Charles G. Black ADDRESS 742 N. Howard ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40875 — 74-001 — E 40875

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 103 W. Monument ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary K. Wonder

(a) RESIDENCE NO. 103 W. Monument ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

If married, widowed, or divorced WIFE of Thomas A. Wonder
(or) HUSBAND of

DATE OF BIRTH (month, day, and year) Oct 21 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frederick Md

10 NAME OF FATHER David H. Moberly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Mary Jane Dertzbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

Informant Thomas A. Wonder

(Address) 103 W. Monument St

Filed 1929 C. Hayward Jones Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 27 to Dec 30 1928

that I last saw h[illegible] alive on Dec 30 1928

and that death occurred, on the date stated above, at 6-50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Athero-Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Standish McAlary M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 2 1929
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 Worth ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 40876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40876

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 9

CITY OF BALTIMORE: (No. 236 S. Stricker St. ST. 19-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanley Raymond Greenwaldt

(a) RESIDENCE NO. 236 S. Stricker St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 8, 1927.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edward Greenwaldt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie Beefalt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr Edward Greenwaldt

(Address) 236 S. Stricker St.

Filed 1-1929, 19 C. HARRISON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30/28

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928 to , 19 ,

that I last saw him alive on Dec 29, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Tested at Municipal Md. Dept. P. H.

(Signed) Charles Taggoth M. D.

, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	1/1/29 19
20 UNDERTAKER Percy V. Witzke	ADDRESS 153 N. Lombard St

Spec.—2-29-28—L. F. S.—500 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40877

90 E 40877

CERTIFICATE OF DEATH

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] St. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Simpson, Elizabeth

(a) RESIDENCE NO. 1609 Fleet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ? 1864

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
64		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) ? Md.

10 NAME OF FATHER John Simpson ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Germany

BALTIMORE CITY HOSPITALS

Informant [redacted]

(Address)

Filed [illegible] 19 [illegible] Registrar

1 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29-28

17

I HEREBY CERTIFY, That I attended deceased from 12-27, 1928, to 12-29, 1928, that I last saw her alive on 12-29, 1928 and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) John E. Moran, M. D.

, 19 (Address) [illegible]

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz	Jan 19 29

20 UNDERTAKER M. W. E. Ruppert ADDRESS 37 Lan

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40878

CERTIFICATE OF DEATH

90

E 40878

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a nospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 918 Aisquith ST. 1-14 WARD)

2—FULL NAME Joseph J. Decker

(a) RESIDENCE NO. 1918 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary C. Decker

DATE OF BIRTH (month, day, and year) Sept. 11 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	80	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar maker

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Henry Decker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mrs. Mary C. Decker

(Address) 918 Aisquith St

Filed 1929 19 C. HAMDEN JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 8- 1925 to Dec. 31- 1928

that I last saw him alive on Dec. 31- 1928

and that death occurred on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mns. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

1/11/29, 19 (Address) 1216 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan. 3 19 29
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	2016 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 40879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001 E 40879

1-PLACE OF DEATH

City of BALTIMORE: (No. 1701 Olive St. St. 23 32 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris S.Tolson.

(a) RESIDENCE NO. 1701 Olive St. St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 13, 1928

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	0	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Robert L. Tolson.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lillian F. Sanders.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Lillian Tolson.(mother)

(Address) 1701 Olive St.

15 Filed Dec 29 1928

1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia.
unknown.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. M. Leonard M. D.
(Coroner)

12/31/28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Jan 1 1929

Date of Burial

20 UNDERTAKER (Harold Enders) ADDRESS 388 Forlaw

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40880

CERTIFICATE OF DEATH

REGISTERED NO. 74E 40880

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Belt ST. 24-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Mullinix.

(a) RESIDENCE NO. 1700 Belt. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Mullinix.

7 DATE OF BIRTH (month, day and year) July. 19, 1868.

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60,	5mo,	11.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer. B.& O.

(b) General nature of industry, business, or establishment in which employed (or employer) R. R. 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

10 NAME OF FATHER Upton. Md.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Wolf.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Annie E. Mullinix. (Wife).

(Address) 1700 Belt St.

Filed ..... 19 .....

1-1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec 30, 1928

17 I HEREBY CERTIFY That I attended deceased from Dec 30, 1928 to Dec 30, 1928.

that I last saw him alive on Dec 30, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows

Cerebral Haemorrhage

(duration) 0 yrs. 0 mos. One ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Mem Mem Park

DATE OF BURIAL Jan 3, 1929

20 UNDERTAKER A. Howard Evans

ADDRESS 28 E. Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

E 10881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 179 E 10881

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. University Hospital St. 4-30 Ward)

2-FULL NAME Hazel Cooper

(a) RESIDENCE NO. Whitford, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Fred Cooper

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER ? Guyton

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Md.

14 Informant J L Morris
(Address) Delta Pa.

15 Filed 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry found that said deceased came to her death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:
1st + 2nd degree burns both extremities, face + buttocks.

CONTRIBUTORY (Secondary) Toxemia Nephritis (duration) yrs. mos. 8 ds.

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.
(Coroner)
1/1 1929 (Address) 2739 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta Pa. Date of Burial 1-1 1929

20 UNDERTAKER Earl B. Hahn ADDRESS 112 E Main St

Spec.—1-10-21—M&T—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40882

E 40882

101-001

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO Caton & Wilkens Aves ST. 3-4 WARD)

2-FULL NAME John Bauer

(a) RESIDENCE NO 119 S. Bethel ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1st 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	49	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newspaper Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 80

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Bauer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Adler

13 BIRTHPLACE OF MOTHER (city or town) St Louis
(State or country) Mo

14 Informant (brother) Martin Bauer
(Address) 115 S. Wolf St.

15 - 1929 C. HAMILTON JONES M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-27 1928 to 12-30 1928.

that I last saw h[illegible] alive on 12-30 1928

and that death occurred, on the date stated above, at 6 53 9 .m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Right Side

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. W. Wieder, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL 1/2 1929

20 UNDERTAKER Randall S. Duffy & Son

ADDRESS Edmondson Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 40883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-103 E 40883

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE (No. Johns Hopkins Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Zyglarski

(a) RESIDENCE NO. 1911 East Fairmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor at

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Copper Works

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER John Zyglarski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Hafnet

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mary Smith

(Address) Shell Rd. and Wise Ave.

Filed 1929 C. Hannon Jones, M. D.

By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Dec. 30, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuiries- accidentally struck by automible at Lombard and Ann.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. N. Poller M. D.

(Coroner)

12-31-1928 (Address) 505 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem

Date of Burial 2 1929

20 UNDERTAKER John M. Weber & Co

ADDRESS Chester

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40884

CERTIFICATE OF DEATH

51 E 40884

1—PLACE OF DEATH

REGISTERED NO. 25-76

CITY OF BALTIMORE: (No. 3303 Vera ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Harris Douglas

(a) RESIDENCE NO. 3303 Vera ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rev James Douglas

DATE OF BIRTH (month, day, and year) 8-20-1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Wm. Hill.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Rev James Douglas

(Address) 3303 Vera Ave.

Registered JUN 5 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-29-28

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 29, 1928, that I last saw h[illegible] alive on Dec 29, 1928 and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows: Acute dilatation of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Articular Rheumatism

(duration) yrs mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. J. Coleman, M. D.

Dec 31, 1928 (Address) 1340 Carlton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 1-2-1929

20 UNDERTAKER Chas. G. Cooper

ADDRESS 514 N. Carrollton

Spec.—1-10-21—M&T—1500 Blks.

E 40885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40885

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ✓✓ 7 Orchard ST. 17-24 WARD)

2-FULL NAME Annie V Hall

(a) RESIDENCE NO. ✓✓7 Orchard ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ernest V Hall

6 DATE OF BIRTH (month, day, and year) Jan 14, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	✓	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Emerald

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William D. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna V Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie M. Wilson
(Address) ✓✓7 Orchard St

15 Filed 1929 19 C. HANSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/1928

17 I HEREBY CERTIFY, That I attended deceased from 11/27/1928. to 11/29/1928.
that I last saw him alive on 11/28/1928.
and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows: Cor. Pulmonale

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓7 Orchard

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. H. Hanson Jones M. D.

19 (Address) 924 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL 12/2 1929

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40886

100-801

100-E 40886

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 627 N Bond St. Ward 9

2-FULL NAME Lenna Harris

(a) RESIDENCE. No. 627 N Bond St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced (write the word): Married -

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph Harris -

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boso, Mass.

PARENTS

10 NAME OF FATHER: Samuel Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Joseph Harris 627 N Bond St

15 Filed 19 C. HARRISON JONES, M. D. Registrar

By

1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-30 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-23- 1928 to 12-30- 1928 that I last saw h alive on 12-29- 1928 and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia - 7 ds.

(duration)

CONTRIBUTORY (Secondary): Cardiac dilatation 1 ds.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Ahrs Darden M. D.

12/31 1928 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbury	June 2 1929

20 UNDERTAKER: John A Henderson ADDRESS 1502 E Monument

Spec.—2-29-28—L. F. S.—500 Bks.

E 40887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40887

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barney Griffen

(a) RESIDENCE NO. 208 N. Appleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Gen'l

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Sarah Gleason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Patient

(Address) BALTIMORE CITY HOSPITALS

Filed [redacted] 19 [illegible] Registrar

2 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Dec 29, 1928, that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

Myocardial insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 20 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R W Wood, M. D.

19 Address BALTIMORE CITY HOSPITALS

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	1/1 19 29
20 UNDERTAKER Samuel Stanley	ADDRESS [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40888

100-001

CERTIFICATE OF DEATH

E 40888

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1523 W. Lombard St. ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Duncan Ferguson Bryant

(a) RESIDENCE NO. 1523 W. Lombard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 18, 1928

AGE	Years	Months	Days 13 14	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Ira L. Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Madeline Aud

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr. Ira L. Bryant

(Address) 1523 W. Lombard St.

JAN 2 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/29

17 I HEREBY CERTIFY, That I attended deceased from 12/31/28 to 1/1/29 19..

that I last saw h— alive on 1/1/29 19

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History cold past 3 days.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

1/1/1929 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	1/2/29 19
20 UNDERTAKER Harry N. Wittle	ADDRESS 1531 W. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40889
1—PLACE OF DEATH

CERTIFICATE OF DEATH

129
E 40889
REGISTERED NO.

CITY OF BALTIMORE: (No. 807 N Lakewood Ave. WARD) 7 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Vogel

(a) RESIDENCE NO. 807 N Lakewood ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Vogel

DATE OF BIRTH (month, day, and year) Mar 1-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	82	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Wald Faber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Kolon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Conrad Reimer

(Address) 807 N Lakewood Ave

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 31, 1928, that I last saw her alive on Dec 31, 1928 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia — 1 day
Emphysema — Chr. Bronchitis
(asthmatic type)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. nephritis + arteriosclerosis — S. illness — (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys exam

(Signed) Louis F. Krumheim, M. D.

19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Jan 2 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Aliceanna

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40890 100-001

CERTIFICATE OF DEATH

E 40890

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1871 E Biddle ST. 6-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ann Catherine Derach

(a) RESIDENCE NO. 1871 E Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John S. Derach

DATE OF BIRTH (month, day, and year): Oct 23-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Nicholas Brundel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kunegunda Weiland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: John Derach

(Address): 1871 E Biddle St

Filed: Jan 2 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Dec 30, 1928, that I last saw her alive on Dec 30 1928 and that death occurred, on the date stated above, at 7 21 B m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Kruft, M. D.

12/31 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Jan 2 1929

20 UNDERTAKER: John Allen St

ADDRESS: 2008 Allens

Spec.—1-10-21—M&T—1500 Blks.

22/115 E 40891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 OE 40891

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL S 11-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie warner

(a) RESIDENCE NO. 810 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed or divorced~~ ~~HUSBAND of~~ or) WIFE of George warner 1877

6 DATE OF BIRTH (month, day, and year) Sept 7. 1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
51	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 37 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Helfenstein

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country) Ger

12 MAIDEN NAME OF MOTHER Katherine Helfenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 2 1929 19 per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 1928 to Jan 1 1929.

that I last saw h[illegible] alive on Jan 1 1929.

and that death occurred, on the date stated above, at 1 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8-9 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy - Positive blood cult[illegible]

(Signed) James Bordley, M. D.

1/1 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem DATE OF BURIAL: Jan 3 1929

20 UNDERTAKER: John Allen ADDRESS 2008 Orleans

Spec.—1-10-21—M&T—1500 Bks.

E 40892

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40892

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp. (ST.) 8-17 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johnda Denk -

(a) RESIDENCE No. 1705 Lansing Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Faulstich.

6 DATE OF BIRTH (month, day, and year) Jan 22/1890

7 AGE 38 Years 37 Months 11 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Barge Line Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Denk Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mary A Denk
(Address) 1705 Lansing Ave

15 Filed DEC 2 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925, to Dec. 30, 1925, that I last saw him alive on Dec. 30, 1925, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C C [illegible] M. D.

, 19 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL June 2 1926

20 UNDERTAKER John Merick ADDRESS 2008 Eden ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40893

CERTIFICATE OF DEATH.

129 E 40893

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 600 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Weinknecht

(a) RESIDENCE NO. 2308 E. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edith granland

6 DATE OF BIRTH (month, day, and year) 3-13-1875

7 AGE	Years	Months	Days 16	IF LESS than 1 day.....hrs. or.....min.
	53	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Weinknecht

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltmore, Md.

12 MAIDEN NAME OF MOTHER Margaret Drown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germeny

14 Informant Mrs. Edith Weinknecht

(Address) 2308 E. Fayette St.

15 Filed 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocradial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

(duration) yrs. mos. ds.

(Signed) J. J. Weiss M. D.
(Coroner)

Dec. 29 1928

(Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Jan 2 1929

20 UNDERTAKER John Ulrich ADDRESS 208 E Lee ave

Spec.—1-12-23—M&T—500 Blks.

BREWBAKER

E 40894 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40894

CERTIFICATE OF DEATH.

123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary ST., 15-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethelmer Leslie Brewbaker

(a) RESIDENCE NO. 4319 Garrison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta F. Brewbaker

6 DATE OF BIRTH (month, day, and year) Nov 4 1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Secretarial School

(c) Name of employer Brewbaker School

9 BIRTHPLACE (city or town) (State or country) Greencastle Pa

10 NAME OF FATHER Franklin Pierce Brewbaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greencastle Pa

12 MAIDEN NAME OF MOTHER Christa J. Fearer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md

PARENTS

14 Informant Henrietta F. Brewbaker

(Address) 4319 Garrison Ave

15 Filed 1929 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/19, 1928, to 12/30, 1928, that I last saw him alive on 12/30, 1928 and that death occurred, on the date stated above, at 12 40 P.M.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Hemolytic Jaundice

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/24/28

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Leon B. Wallace M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 1/2/ 1929

20 UNDERTAKER Geo. W. Weber Son — ADDRESS 2903 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

BENSON

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40895

CERTIFICATE OF DEATH.

167-001 E 40895

1-PLACE OF DEATH

City of BALTIMORE: (No. 2501 Loretta ave. Lanvale 20-64 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur C Benson

(a) RESIDENCE NO. 2501 Loretta ave. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 0 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva G. Benson

6 DATE OF BIRTH (month, day, and year) July 1st 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer John E. Hurst

9 BIRTHPLACE (city or town) _____

(State or country) Balto - Md

PARENTS

10 NAME OF FATHER Joseph Benson

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Jane E. McCoy

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Eva Gertrude Benson

(Address) 2501 Lanvale ave

Filed 2 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: 1 Suicide

Gas asphyxiation

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas. H. Brosius M. D. (Coroner)

1/1 1929 (Address) Towson Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 1/31 1929

20 UNDERTAKER Gu. Hubert & Son ADDRESS 2503 Edmondson

Spec.—2-29-28—L. F. S.—500 Bks.

Brigid Walsh. 29

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40896

CERTIFICATE OF DEATH

57 E 40896

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 511 N. Monroe St. ST 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bridget C. Walsh

(a) RESIDENCE NO. 511 N. Monroe St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Walsh

DATE OF BIRTH (month, day, and year) Aug. 15, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Gilbert Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Keneally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Margaret Walsh

(Address) 511 N. Monroe St.

Filed 12-[illegible]-1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from November 14, 1928, to December 27, 1928, that I last saw her alive on December 27, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes 2 Yrs.

Chronic Nephritis

(duration) yrs. mos. ds.

Acute Dilatation of Heart

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Edw. Newcomer, M. D.

12/31, 1928 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan. 1, 1929
20 UNDERTAKER	ADDRESS
Margaret G. Flynn	1422 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40897

CERTIFICATE OF DEATH

89 E 40897

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1128 Hanover ST. 23-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Kimball

(a) RESIDENCE NO. 128 W. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kimball

DATE OF BIRTH (month, day, and year) May 5. 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Capt. 3rd

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City Fire Dept

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER John Kimball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Catherine Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

Informant Mrs. Snellenberg

(Address) 417 Bolton St

Filed DEC 2 - 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31. 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 31, 1928

that I last saw him alive on Dec 31, 1928

and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) 20 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) 10 yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) James E. Peterman, M. D.

(Address) 1278 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Jan. 2 1929

20 UNDERTAKER M. L. Flynn

ADDRESS 1422 Light St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10898

CERTIFICATE OF DEATH

90 E 10898

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ? ST., 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Hines

(a) RESIDENCE NO. 651 W. Fayette ? ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, —hrs. or —min.
	67	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

BIRTHPLACE (city or town) (State or country) ? Md

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ?

12 MAIDEN NAME OF MOTHER Elizabeth Clark

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) England

Informant

(Address)

Filed 1-2-1929 By C. Harry Jones, J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17

I HEREBY CERTIFY, That I attended deceased from 12-24, 1928, to 1-1, 1929, that I last saw h[illegible] alive on 1-1, 1929 and that death occurred, on the date stated above, at 4 [illegible] A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) over 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis, Chronic

(duration) over 6 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X-ray

(Signed) John C. Monath, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Jan. 3 1929

20 UNDERTAKER M. J. Flynn

ADDRESS 1122 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40899

CERTIFICATE OF DEATH

57 E 40899

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1821 Edmondson Ave. WARD)

2—FULL NAME Laura Jane Reeder Kries

(a) RESIDENCE NO. 1821 Edmondson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. ds. 22 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kries

DATE OF BIRTH (month, day, and year) Nov 8-1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	1	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Geo. W. Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary R. Huck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Eleanor A. Kries

(Address) 1821 Edmondson

Filed 2 1929, 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1927, to Dec 30, 1928,

that I last saw her alive on Dec 30, 1928

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza and
Bronchopneumonia

(duration) yrs mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes & Chronic nephritis

At least (duration) 11 yrs 0 mos. ds. from observation

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination & Laboratory test

(Signed) [illegible] M. D.

1 Dec 1929 (Address) Roosevelt Bldg 81

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Jan 2 1929

20 UNDERTAKER Wm. J. Dickenson Sons — ADDRESS N. Y. Pa

Spec.—1-10-21—M&T—1500 Bks.

E 40900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40900

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 W Biddle ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Madeline Tobin

(a) RESIDENCE NO. 621 W Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER William Ball

11 BIRTHPLACE OF FATHER (city or town) Va. (State or country)

12 MAIDEN NAME OF MOTHER Winifred Tobin

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg (State or country) Pa.

14 Informant Winifred Tobin
(Address) 621 W Biddle St

15 Filed Jan 2 1929 19 H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 1, 1929,

that I last saw h[illegible] alive on Dec 30, 1928,

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute Ileo Colitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Lawson Jones, M. D.

1/2, 1929 (Address) 1921 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 1-2 1929

20 UNDERTAKER Arnold Forbes ADDRESS Balto

Spec.—2-29-28—L. F. S.—500 Bks.

E 40901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40901

CERTIFICATE OF DEATH

101-00

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 203 N. Pobbleton 18-No (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Dorsey

(a) RESIDENCE NO. 203 N. Pobbleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Dorsey

7 DATE OF BIRTH (month, day, and year) 1901

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	27			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lobe Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

Informant Ralph Dorsey

(Address) 203 N. Pobbleton St

FILED JAN 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1928, to Dec 29, 1928, that I last saw h. alive on Dec. 29, 1928 and that death occurred, on the date stated above, at 1130 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Johnny Hoag, M. D.

12/31, 1928 (Address) 29 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnish Cemetery	Jan 2 1929
20 UNDERTAKER	ADDRESS
Dennis Eaton	916 Cove

Cor.—12-9-25—A Co.—200 Bks.

E 40902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 40902

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 715 Dover St. 2124 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Phillips

(a) RESIDENCE NO. 715 Dover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Summer Phillips

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. Summer Phillips.

(Address) 715 Dover St.

Filed JAN 2 - 1929 C. Hyde Adkins, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D.
(Coroner)

1/1, 1929 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chester Town md Date of Burial 1-2 1929

20 UNDERTAKER Daniel Easton ADDRESS 916 E. Pratt St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40903

CERTIFICATE OF DEATH.

100-001

E 40903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 40 ST., WARD)

2-FULL NAME Elizabeth Mayo

(a) RESIDENCE NO. 3011 (Usual place of abode) 3011 Kenyon Ave ST., WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colrd	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C & P Tel Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis E Mayo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co, Md

12 MAIDEN NAME OF MOTHER Ellen Oglesby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co, Maryland

14 Informant Edwin Mayes

(Address) Catonsville, Md.

15 Filed JAN 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928 to Jan 1, 1929.

that I last saw her alive on Jan. 1, 1929.

and that death occurred, on the date stated above, at 10 27a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glencoe Balto Co., Md.	Jan. 3 19 29
20 UNDERTAKER	ADDRESS
Wm. C. Brooks & Son	Balto, Md.

TION is very important. See instructions on back of certificates.

N 2 1929

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40904

CERTIFICATE OF DEATH.

38 E 40904

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1044 N. EDen St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. James

(a) RESIDENCE NO. 1044 N. Eden St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
1908

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry James

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Thaniel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mary Simons

(Address) 233 Myrtle Ave.

15 Filed JAN 2 - 1929 19 C. Howard Jones Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Influenza- pneumonia

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Leuetic

(duration) ....yrs. ....mos. ....ds.

(Signed) J. P. H. Callan M. D.

(Coroner)

Jan 1 1929

1929 508 E. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashland Va. Date of Burial Jan. 2 1929

UNDERTAKER Mrs. R. C. Elliott ADDRESS Ashland Va.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40905 31 E 40905

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) T.B. (Ward) 724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Green

(a) RESIDENCE No. 906 Shields Place (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Burton Green

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucy Selman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 12-29-1928 Harry M. Jones Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from March 28, 1928, to Dec. 29, 1928, that I last saw her alive on Dec. 29, 1928, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculosis Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab

(Signed) Harry C. Smith, M. D.

(Address) Baltimore City Hospitals 12-29 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan 2, 1929

20 UNDERTAKER Wm. B. G. Elliott ADDRESS 1725 Ashland Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40906

CERTIFICATE OF DEATH

E 40906

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 100 E. 23rd St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry B. Curtis

(a) RESIDENCE NO. Clarksburg, W. Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ella Curtis

6 DATE OF BIRTH (month, day, and year): Oct. 4, 1866

7 AGE: Years 63 Months 2 Days 29 IF LESS than I day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rock Haven, Pa.

PARENTS

10 NAME OF FATHER: George W. Curtis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Frances Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Mrs. Ella Curtis

(Address) 624 N. Mulberry Ave. Clarksburg W. Va.

15 Filed JAN 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 : 1929

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Jan 2, 1929, that I last saw h.. alive on Jan 1, 1929, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry B. Beck, M. D.

, 19 (Address) St Paul and 23rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarksburg, W. Va. Date of Burial: Jan. 2, 1929

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS 1930 Eutaw St.

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40907 — CERTIFICATE OF DEATH — 100-001 — E 40907

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Pinnix

(a) RESIDENCE NO. 1515 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) — (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

Informant Lucy Woods

(Address) 1515 W. Lanvale St.

Filed ....., 19 .....

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Dec 31, 1928

that I last saw her alive on Dec 31, 1928

and that death occurred, on the date stated above, at 11 50 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Emphysema with central sclerosis & hypertension (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Mary F. Lemmert M. D.

, 19 (Address) 1 Bolton St. Apt 1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 3 1929
20 UNDERTAKER	**ADDRESS**
John O Mitchell & Son	1911 Eutaw

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40908

CERTIFICATE OF DEATH

129 E 40908

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W Lanvale ST. 1124 WARD)

2-FULL NAME John William Middendorf

(a) RESIDENCE NO. 107 W Lanvale St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? 79 yrs. 2 mos. 21 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Stump Middendorf

6 DATE OF BIRTH (month, day, and year) Oct 10 1849

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) Banking

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry C. Middendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Germany

12 MAIDEN NAME OF MOTHER Margaretha Nicolai

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vilsen Germany

14 Informant Mr. J. W. Middendorf Jr. (son)

(Address) 107 W. Lanvale St.

15 Filed JAN 2 1929 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31st 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1928 to Dec. 31st 1928.

that I last saw him alive on Dec. 30th 1928,

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Heart (duration) 30 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms and urine analysis

(Signed) Charles Lee, M. D.

Dec 31 1928 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan 3 1929

20 UNDERTAKER: Stewart & Company — ADDRESS: Balto.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40909 — 90 — 40909

CERTIFICATE OF DEATH.

Monument & Charles St.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Apts ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Clara May V. Brinton Stone

(a) RESIDENCE No. Washington Apts ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs ? mos. ? ds. How long in U. S., if of foreign birth? 66 yrs 10 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Stone

6 DATE OF BIRTH (month, day, and year): Feb 27 1862

7 AGE — Years: 66 — Months: 10 — Days: 4 — If LESS than 1 day, ... hrs or ..... min.: 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Cecil Co Maryland

PARENTS

10 NAME OF FATHER: Alban H. Brinton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Westchester Penna

12 MAIDEN NAME OF MOTHER: Mary E Crouch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co. Maryland

14 Informant (Address): Miss Mary E. Stone (Nephew) Washington Apts.

15 Filed JAN 2 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Dec 31 1928

17 I HEREBY CERTIFY That I attended deceased from Dec 26 1928 to Dec 31, 1928, that I last saw h[illegible] alive on Dec 30, 1928, and that death occurred, on the date stated above at 12 M. m.

The CAUSE OF DEATH* was as follows

Bronchio Pneumonia
Myocarditis arterial In-
sufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gen examination

(Signed) Walter A Baetjer, M. D.

19 (Address) 1115 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Jan 2 1929

20 UNDERTAKER: Stewart & Co — ADDRESS: Charles & Monument Sts.

Spec.—1-10-21—M&T—1500 Bks.

E 40910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90

E 40910

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp. ST. 9-17 WARD)

2-FULL NAME Mary Mays

(a) RESIDENCE NO. Catonsville Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late James Mays

6 DATE OF BIRTH (month, day, and year) May 11 1857

7 AGE: Years 71 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Martinsburg W. Va.

PARENTS

10 NAME OF FATHER: Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Andrew Selig (Address) Mohican Hill Lord Road

15 Filed [illegible] 19 [illegible] Registrar

C. H. [illegible] SONS

N 2 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Dec 29, 1928, that I last saw her alive on Dec 29, 1928, and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation c Pulmonary Edema (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: June 1 1929

20 UNDERTAKER: Kelly & Zeiler Inc.

ADDRESS: 403 S. [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

Campell Health - Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40911

CERTIFICATE OF DEATH

91-002

E 40911

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2736 Tivoly ST., 45-56 WARD)

2—FULL NAME Margaret Becker

(a) RESIDENCE NO. 2736 Tivoly ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of: Earnest Becker

7 DATE OF BIRTH (month, day, and year): Feb 12-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	10	19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Ernest A. Becker

(Address) 2736 Tivoly St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 25 to Dec 31, 19 28

that I last saw h alive on Dec 31, 19 28

and that death occurred, on the date stated above, at 2 - P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. C. L. Campbell M. D.

Jan 1, 19 29 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 1/3 1929

20 UNDERTAKER: W. J. Cook

ADDRESS: 1217 St Paul

Spec.—1-10-21—M&T—1500 Bks.

22 10412 HEALTH DEPARTMENT—CITY OF BALTIMORE 10012

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mary Luccano

(a) RESIDENCE NO. 537 N Washington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): June 27 26

7 AGE — Years: 2 Months: 6 Days: 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Luccano

11 BIRTHPLACE OF FATHER (city or town) (State or country): It

12 MAIDEN NAME OF MOTHER: Pearl Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mother (Address): JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 1929 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Dec 31, 1928,

that I last saw her alive on Dec 31, 1928,

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

1 Streptococcus sore throat

2 Pneumonia both lungs

5 (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. McCune D. McGuire M. D.

12/1, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: 12/3 1929

20 UNDERTAKER: J.W. Cook

ADDRESS: 1217 E. Fayette

Spec.—1-12-23—M&T—500 Bks.

E 40913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40913

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Bond ST. 8-17 WARD)

2-FULL NAME Joseph F Lampert

(a) RESIDENCE NO. 1217 N Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of X X

6 DATE OF BIRTH (month, day, and year) Mar 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	69	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Harvey's

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Adam Lampert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Margaret Hildebrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant Mary A. Lampert

(Address) 1217 N. Bond

15 Filed NOV 1928 HAYDEN JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 1928

17 I HEREBY CERTIFY, That I attended deceased from November 1 1928 to December 31 1928.

that I last saw h[illegible] alive on December 31 1928.

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Arterial Hypertension (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia & Epistaxis (duration) yrs. mos. 3. ds.

18 Where was disease contracted if not at place of death? Jackson

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Allen Lambert M. D.

19 (Address) 2025 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 3 1928

20 UNDERTAKER Lowe Card — ADDRESS 1217 N Bond

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40914

CERTIFICATE OF DEATH

100-001 E 40914

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 947 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Mc Allister

(a) RESIDENCE NO. 626 Fair Oak Ave ST., Towson WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 mos. yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: 66 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: unknown 087

(b) General nature of industry, business, or establishment in which employed (or employer): unknown

(c) Name of employer: unknown

9 BIRTHPLACE (city or town) (State or country): unknown

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant: Balto City Hospitals

(Address) Balto. Md.

JAN 2 1929 Wade Jones Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31/28.

17 I HEREBY CERTIFY, That I attended deceased from 12-22-2 1928, to 12-31 1928.

that I last saw h alive on 12/31 1928

and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

9 days (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Psychosis Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Evidence

(Signed) Harry J. Brown M. D.

12/31 1928 (Address) Bolton & Eutaw Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: 1/3 1929

20 UNDERTAKER: H. W. Cook — ADDRESS: 1217 E. Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40915 — X 100-001 — E 40915

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 3208 Lyndale Ave ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Ann Steg

(a) RESIDENCE NO. 3208 Lyndale Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

3 DATE OF BIRTH (month, day, and year) Aug. 28th 1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Co.
(State or country) Md

10 NAME OF FATHER Leonard Steg

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorothy Schleicher

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland

Informant Leonard Steg
(Address) 3208 Lyndale Ave.

Filed 2-5 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/29

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan 1st, 1929

that I last saw h[illegible] alive on 1/1/29 19

and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/1, 1929 (Address) 1614 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Jan. 3 1929
20 UNDERTAKER	ADDRESS
Fredk Lasenhour Sons	Fullerton

Spec.-7-17-26—A Co.—200 Bks.

Quintin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40916

11-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH 214 Caton Ave.

REGISTERED NO. E 40916

City of BALTIMORE: (No.) (St. 90-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Nadine Quintin

(a) RESIDENCE NO. 214 Caton Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 7 1 1928

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		6 mo		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Wm Quintin

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanche Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Blanche Green Quintin

(Address) 214 Caton Ave.

15 Filed JAN 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1929

1 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23rd, 1928, to Jan 1st, 1929, that I last saw her alive on Dec 29th, 1928, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Child had cough - probably had influenza a week before I was called to see it

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Thos. P Bunn, M. D.

11, 1929 (Address) 2 N. Hilton St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catonsville Hebrew Cemetery

Date of Burial Jan 3 1929

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3121 Lanvale St

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40917

CERTIFICATE OF DEATH.

188-103

E 40917

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Agnes Hospital (St.) 25-32 (Ward)

2-FULL NAME Chas. J. Myers

(a) RESIDENCE NO. 2427 S Paca St. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER August Myers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Kirchoff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Amelia Myers Siebold

(Address) 2427 Paca St

Filed JAN 2 1929 H. [illegible] JC Registrar

Per [illegible]

Very Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Follow Automobile Accident

Annapolis Road, Near Paca St

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. A. Broyles M. D.

(Coroner) Lic. 1928

12/31 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Trinity Cemetery Jan 2 1929

20 UNDERTAKER Charles H. Keppler

ADDRESS 732 Hollins

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH

E 40918 — REGISTERED NO. E 40918

1—PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ST., 15-67 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion Whitney or Mary A Whitney

(a) RESIDENCE NO. 3045 Wallbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7 DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
?	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Robert ~~Whitney~~ Goss

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Riley

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Ireland

Informant

(Address)

Filed 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 12-28 1928 to 12-31 1928

that I last saw h[er] alive on 12-31 1928

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) yrs. mos. 4 ds. ?

CONTRIBUTORY (Secondary) Hypertension: Cerebrosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Home

(Signed) Mark E. Moran, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/3 1929
20 UNDERTAKER	ADDRESS
Chas R Grant & Son	1800 W Lexington Ave

Spec.—1-12-23—M&T—500 Bks.

E 40919

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 40919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 500 Orkney Rd ST. 27-48 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Olney Ray

(a) RESIDENCE No. 500 Orkney Rd ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Ann Ray

6 DATE OF BIRTH (month, day, and year) 10-24-1839

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	89	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nova Scotia Can

PARENTS

10 NAME OF FATHER Wm Rowan Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Devon - England

12 MAIDEN NAME OF MOTHER Mary Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Devonshire England

14 Informant Rose Ann Ray Mother

(Address) 500 Orkney Rd

15 Filed DEC 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1928

17

I HEREBY CERTIFY, That I attended deceased from 12/26, 1928, to 12/31, 1928

that I last saw her alive on Dec 31, 1928

and that death occurred, on the date stated above, at 11.45 P m

The CAUSE OF DEATH* was as follows:

Cardiac hypertrophy

Chronic talking heart

Asthma

(duration) 70 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo C Woolsey M. D.

1/1, 1929 (Address) 6835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 1/4 1929

20 UNDERTAKER Howe P. Grave & Son

ADDRESS 1180 Mt Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Vernon Condon 3707 Callaway Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40920

CERTIFICATE OF DEATH

76

REGISTERED NO. E 40920

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Park Heights Ave ST. 15-38 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabelle F. Wootton

(a) RESIDENCE NO. 3600 Park Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard F Wootton

6b DATE OF BIRTH (month, day, and year): Jan 6, 1865

7 AGE: 63 Years 11 Months 25 Days — If LESS than 1 day, hrs. or min.

64

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Geo. L Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.

12 MAIDEN NAME OF MOTHER: Hannah Rockwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U.S.

Informant: R F & I Wootton

(Address) 3600 Park Heights Ave

Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927 to Jan 1, 1929

that I last saw her alive on Dec 31, 1928

and that death occurred, on the date stated above, at 6.05 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Vernon H Condon, M. D.

, 19 (Address) 3707 Callaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 1/4 1929

20 UNDERTAKER: H. M. Cook

ADDRESS: 1215 Eutaw St

Spec.—2-29-28—L. F. S.—500M. E 40921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 40921

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Old Orchard & Edmondson Ave. ST. 28 WARD) 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johannah T. Hutchins

(a) RESIDENCE NO. Old Orchard & Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles L. Hutchins

7 DATE OF BIRTH (month, day, and year): Jan 25, 1867

8 AGE — Years: 61 | Months: 11 | Days: 6 | If LESS than 1 day, hrs. or min.:

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: Thomas Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Charles L. Hutchins

(Address) Old Orchard & Edmondson Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Aug 13th, 1928, to Jan 1st, 1929, that I last saw her alive on Dec 28th, 1928 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosa

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Breast

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4 years ago

Was there an autopsy? no

What test confirmed diagnosis? Microscopical

(Signed) William Hessick, M. D.

, 19 (Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 1 3 1929

20 UNDERTAKER: Wm Cook

ADDRESS: 1212 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Bonner 626 N Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40922

CERTIFICATE OF DEATH

91-002 E 40922

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 659 N. Franklin ST. 17-25 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah J. Richmond

(a) RESIDENCE NO. 659 N. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Richmond

6 DATE OF BIRTH (month, day, and year): Dec 17 1836

7 AGE — Years: 92 | Months: 0 | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): New York

10 NAME OF FATHER: Lobson Costello

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Elizabeth Rutherford

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

Informant: Ellen M. Gray

(Address): 659 N. Franklin St

Filed: 1929 JAMES H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1. 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Jan 1, 1929, that I last saw h[illegible] alive on Dec 31, 1928 and that death occurred, on the date stated above, at 12:00 AM

The CAUSE OF DEATH* was as follows:

Arteriosclerosis -

(duration) Unk yrs. mos. ds.

CONTRIBUTORY (Secondary): Senile pneumonia - flu

(duration) - yrs. 1 mos. - ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M Bonner and Hood, M. D.

1/2, 1929 (Address) 626 N. Johnson St

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 1/3 1929

20 UNDERTAKER: [illegible]

ADDRESS: 1212 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40923

CERTIFICATE OF DEATH

90 E 40923

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Walker

(a) RESIDENCE NO. 17 S. Duncan ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Edward Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant

FAMILY BALTIMORE CITY HOSPITALS

Address

JAN 2 - 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-1928

17

I HEREBY CERTIFY, That I attended deceased from 10-10, 19 28 to 12-31, 19 28

that I last saw h alive on 12-31, 19 28

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Sclerotic Cardio-Vascular Disease

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [redacted] M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, [redacted] nt Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 1-3 19 29

20 UNDERTAKER: Byron Wright

ADDRESS: 1218 McElderry St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10924 — 101-01 — E 10924

1—PLACE OF DEATH — BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Urban

(a) RESIDENCE NO. 806 S. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Urban

6 DATE OF BIRTH (month, day, and year): Dec 31? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or ..... min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer, Dump cart driver

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: City Dept

9 BIRTHPLACE (city or town) ? (State or country) Bohemia

10 NAME OF FATHER Joseph Urban

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Bohemia ?

12 MAIDEN NAME OF MOTHER Not Known ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Bohemia ?

14 Informant ..... (Address) .....

BALTIMORE CITY HOSPITALS

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 12-31, 1928, that I last saw h[illegible] alive on 12-3, 1928, and that death occurred, on the date stated above, at 5 13 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, rt.

(duratinn) ..... yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) — (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) John E Moran M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 2 1929
20 UNDERTAKER: August Pasch.	ADDRESS: 2402 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10925

CERTIFICATE OF DEATH.

16-002

REGISTERED NO. E 10925

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hospital (Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E Saunders

(a) RESIDENCE NO. 409 Myrtle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 17 1928

7 AGE: Years 9 Months 13 Days 14 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Saunders

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Sophonia Webb

13 BIRTHPLACE OF MOTHER (city or town) Balt

(State or country) Md

14 Informant Wm Saunders

(Address) 409 Myrtle Ave

Filed JAN 2 - 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I last saw the deceased on the ..... day of ..... 19..., and that I have viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon, and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery

(Duration) yrs. mos. — ds.

CONTRIBUTORY (secondary) A Laughon

(Duration) yrs. mos. — ds.

Last seen alive by C C Slade M. D.

19 (Address) 1437 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 1/2 29

20 UNDERTAKER Emma L Brantley ADDRESS 1923 Eutaw

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 40926

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO. 26-37

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Bender Benda

(a) RESIDENCE NO. 45th St. and East & WaterView ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Benda

6 DATE OF BIRTH (month, day, and year) Sept 6 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Bender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Horbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 12-29 19 28 to 12-31 19 28

that I last saw him alive on 12-31 19 28

and that death occurred, on the date stated above, at 9:40 m.

The CAUSE OF DEATH* was as follows: Acute Gangrenous Cholecystitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema - Acute (duration) yrs. mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operatinn precede death? Yes Date of 12-30-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) John C. Moran M. D.

[illegible] BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 3 1928

20 UNDERTAKER [illegible] ADDRESS M. H. E. Baltimore 31 Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40927

CERTIFICATE OF DEATH.

112

E 40927

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 11 Irvin Place St. 1-3 (Ward)

2-FULL NAME Edward H. Whitner (Whitner)

(a) RESIDENCE NO. 2518 First St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	29	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER Charles Whitner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Bentrup

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

PARENTS

14 Informant (Mother)

(Address)

Filed NOV 2 1929 Howard Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Indigestion

Contributory (Secondary) (Duration) yrs. mos. ds.

Nov 31/28 Signed G C Hades M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Date of Burial Jan 3 19 29

20 UNDERTAKER M. W. E. Tyndale ADDRESS 3 Dunbar

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40928 — 124 E 40928

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2400 (St.) Arlington Ave (Ward) 27-44

2-FULL NAME Mrs. Lena C. Bishop

(a) RESIDENCE NO. 2400 (St.) Arlington Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Bishop

6 DATE OF BIRTH (month, day, and year): Aug 17 1852

7 AGE — Years: 76 — Months: 4 — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Scherer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Catherine Woersten

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 1, 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1928 to Jan. 1, 1929.

that I last saw her alive on Jan. 1, 1929

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Age - Chronic cholecystitis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Thos B. Hybert, M. D.

, 19 (Address) 2802 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Miss Rose Bishop (Daughter) 2400 Arlington Ave

15 Filed [illegible] 19 [illegible] Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Park Cemetery

DATE OF BURIAL: Jan. 3 1929

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St & Broadway

N 2 1929

(Over is very important. See instructions on back of certificates.)

Spec—12-23-21—E.B.R.S.—400 Bks.

40929

HEALTH DEPARTMENT—CITY OF BALTIMORE

40929

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1410 Argyle Ave 1-4-29 Registered No. 129

City of BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Henry Thomas

(a) Residence No. 1410 Argyle Ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Sarah Thomas

6-DATE OF BIRTH (month, day and year) Unk

7-AGE. 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED dealer

(a) Trade, profession, or particular kind of work Wood and Coal

(b) General nature of industry, business, or establishment in which employed (or employer) Wood & Coal

(c) Name of employer ~~Employed by Self~~

9-BIRTHPLACE (city or town) (State or Country) Cecil Co Maryland

PARENTS.

10-NAME OF FATHER Solomon Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Cecil Co Md

12-MAIDEN NAME OF MOTHER Margaret Cohee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Cecil Co Md.

11- (Informant) Sarah Thomas (Address) 1410 Argyle Ave

15- Filed ..... 192 ..... Registrar

2 1929

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/31/29

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1928 to Dec. 31st 1928, that I last saw him alive on Dec. 28th 1928, and that death occurred, on the date stated above, at 3 - P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 2 Hours

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis from infancy (Duration) ..... yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) A. Arnould Lange M. D.

, 19 (Address) 2937 W Cabert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn — DATE OF BURIAL. Jan. 3 1929

20-UNDERTAKER. Thomas E. Kelson — ADDRESS 1303 Eastman St

Spec.—1-10-21—M&T—1500 Bks.

E 40930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40930

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 E. Holtman St. 8-16 WARD)

2-FULL NAME Charles B. Jackson

(a) RESIDENCE No. 718 E. Holtman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora A. Shutley

6 DATE OF BIRTH (month, day, and year) Aug. 18th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna. R. R. Co.

9 BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Standiford

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Dora Jackson
(Address) 718 E. Holtman St.

Filed JAN 2 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 31 1928

17 I HEREBY CERTIFY, That I attended deceased from DEC 23 1928, 19 to DEC 31 1928, 19,

that I last saw h/ alive on DEC 31 1928, 19,

and that death occurred, on the date stated above, at 11.10 A. m.

The CAUSE OF DEATH* was as follows:

General Sepsis

(duration) X yrs X mos 8 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) Otto H Duker M. D.

1/1, 1929 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 1/7 1929

20 UNDERTAKER C. J. Fenning & Co.

ADDRESS 1 E. Lafayette Ave

Spec.—1-10-21—M&T—1500 Bks.

22065 E 40931

HEALTH DEPARTMENT—CITY OF BALTIMORE E 40931

CERTIFICATE OF DEATH.

154-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (Ward) 26-1

2-FULL NAME Harry Herpel

(a) RESIDENCE No. 70 S. Bayliss ST. 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 8/26/27

7 AGE: Years 1 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Herpel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Anna Reuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1929 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1928, to Dec. 31, 1928, that I last saw him alive on Dec. 31, 1928, and that death occurred, on the date stated above, at 2 35 P.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia - bilateral

Congenital Malformation, Heart.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Congenital Malformation Heart

(duration) yrs. 16 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James A Miller M. D.

1/ , 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Jan. 3rd 1929

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St.

Spec.—1-12-23—M&T—500 Blks.

E 40932 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40932

CERTIFICATE OF DEATH. 202

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Lombard & Greene ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Knott

(a) RESIDENCE No. 218 Washington ST. 2 WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Magdelena Knott.

6 DATE OF BIRTH (month, day, and year): Sept. 5th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman at 6 P.O.

(b) General nature of industry, business, or establishment in which employed (or employer): Schloss Bros.

(c) Name of employer: Balto & Paca Sts

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Knott.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Eugene Zeller U.S.C. Coroner's Assistant

14 Informant: Magdelena Knott. (Wife)

(Address) 218 S. Washington St.

15 Filed 12- 1929 C. HARRISON JONES, M. D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1928, to 12-31, 1928.

that I last saw him alive on 12-31, 1928,

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured intestine (traumatic) Accident

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 2 ds.

Where was disease contracted if not at place of death? at work

Did an operation precede death? Yes Date of 12-29-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical operation

(Signed) Henry Vincent Davis, M. D.

12/31 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Jan. 4th 1929

20 UNDERTAKER: Leiby & Zeller Inc

ADDRESS: 403 S. Wood St

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40933

CERTIFICATE OF DEATH

31 ✓ E 40933

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5614 Belair Rd St. 27-42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Gohsband

(a) RESIDENCE NO. 5614 Belair Road St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 53 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Gohsband

6 DATE OF BIRTH (month, day, and year) July 19 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	58	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore

(c) Name of employer Phila. S. S. Co

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Gohsband

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Emily Gohsband

(Address) 5614 Belair Road

15 Filed JAN 2 1929 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31. 1928 1928

17 I HEREBY CERTIFY, That I attended deceased from March 9 1926 to Dec 31 1928 that I last saw him alive on Dec 30 1928 and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 9 mos 22 ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Microscopic

(Signed) Jas F. Hooper M. D.

1. 1. 1929 (Address) 842 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — Date of Burial 1/2 1929

20 UNDERTAKER John F. Fahey Son — ADDRESS 1318 Light St

very important. See instructions on back of certificates. ... statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

E 40934

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 40934

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 S. Kenwood Ave St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen J. Fialkowski

(a) Residence No. 1000 S. Kenwood Ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Fialkowski

6-DATE OF BIRTH (month, day and year) July 13-1887

7-AGE, 41 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) " " 026

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Jacob Fialkowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Viktorya Potocki

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Marie Fialkowski

(Address) 1000 S. Kenwood Ave.

15- Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 31, 1928

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928 to Dec. 31, 1928

that I last saw h. alive on Dec. 31, 1928

and that death occurred, on the date stated above, at 1 15 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel B Wolfe M. D.

, 19 (Address) 1331 E. Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Jan. 3 19 29

20-UNDERTAKER. Wm Fialkowski ADDRESS 1000 S. Kenwood Ave

Cor.—12-9-25—A Co.—200 Bks.

E 40935

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 40935

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 263 N. Amity St. 18-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Mitchel

(a) RESIDENCE NO. 263 N. Amity St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Mitchel

6 DATE OF BIRTH (month, day, and year) July 20, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary Briscoe

(Address) 46 S Stockton St

Filed JAN 2 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feldt M. D.
(Coroner)

12/31. 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Date of Burial Jan 3 1929

20 UNDERTAKER Joseph A Lively ADDRESS 409 N Mount St

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36-002
E 40936

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 W. Fall St ST., 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cornelius J. Morwood.

(a) RESIDENCE NO. 1515 W Fall St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married.

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine Shain

6 DATE OF BIRTH (month, day, and year) March 18th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	13	

8 OCCUPATION OF DECEASED,

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER William Morwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Agnes Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Catherine Morwood

(Address) 1515 W Fall Street

15 Filed 2-1929 William Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4th, 1928.

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Dec. 31, 1928, that I last saw h alive on Dec. 31, 1928 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Osteomyelitis
(Generalized)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of August 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. Brunner, M. D.

1/1, 1929 (Address) 370 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan 2 1929
20 UNDERTAKER John J. Lowrie & Son	ADDRESS 70 Aisquith

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 40937 W

CERTIFICATE OF DEATH

E 40937

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1716 Lafayette Ave. St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Esther Derrick Waters

(a) RESIDENCE NO. 1716 Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Waters

6 DATE OF BIRTH (month, day, and year): Aug. 28. 1907

7 AGE — Years: 21 Months: 4 Days: 3 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Roslyn

(State or country): Md

PARENTS

10 NAME OF FATHER: James Derrick

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ida Morris

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Ida Derrick

(Address): 1716 Lafayette Ave

JAN 2 1929

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 19 28 to Dec 31, 19 28.

that I last saw her alive on Dec 21, 19 28,

and that death occurred, on the date stated above, at 7 P.M. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. E. Dyer, M. D.

1/2, 1929 (Address) 1134 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union Bethel Balto Co — Date of Burial: Jan 3 1929

UNDERTAKER: Sam'l H. Chase & Son — ADDRESS: 1400 Mosher

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10938

CERTIFICATE OF DEATH.

38 E 10938

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Mc Donough ST. 7-13 WARD)

2-FULL NAME Wm Hooper

(a) RESIDENCE No. 1032 Mc Donough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of or WIFE of Elizabeth Hooper

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Eliz Hooper wife (Address) 1032 McDonough

15 Filed DEC 2 1929 C. H. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1928 to Dec 30 1928, that I last saw him alive on Dec 29 1928, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Aneurism of Aorta

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Latent Lues

(duration) unknown mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

12/31 1929 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Jan 2nd 1929

20 UNDERTAKER Jas J G Locke ADDRESS 1312 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E 40939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 40939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 N. Broadway, ST. 8-17 (WARD)

2-FULL NAME Almira Augusta Rawlings

(a) RESIDENCE NO. 1709 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 20-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER George A. Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Almira F. Woodcock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant James M. Rawlings

(Address) 1709 N. Broadway

Filed JAN 2 1929 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1929

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928 to Jan 1st, 1929.

that I last saw her alive on Jan 1st, 1929

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Nulty, M. D.

1/2, 1929 (Address) 1500 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: Jan 3 1929

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 424 N. Broadway

Copy to be typewritten. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40940

CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 210 W. Chase ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanna Lee

(a) RESIDENCE No. 210 W. Chase ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James T. Lee

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 84 Years | Months | Days | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown.

14 Informant: Mary Lee

(Address): 210 W. Chase.

15 Filed 2 1929, 19 C. HAMPTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-29-1928

17 I HEREBY CERTIFY, That I attended deceased from 12-16-1928 to 12-29-1928, that I last saw her alive on 12-28-1928 and that death occurred, on the date stated above, at 11,16 P m

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Langin, M. D.

12-31-1928 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cemetery

DATE OF BURIAL: Jan 3rd 1929

20 UNDERTAKER: Chas. E. Alexander

ADDRESS: Druid Hill Ave 1406

Cor.—12-9-25—A Co.—200 Bks.

E 40941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40941

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Found dead. REGISTERED NO.

City of BALTIMORE: (No. Talbot Road St. Ward 42)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo H. Kraft

(a) RESIDENCE NO. 6098 Dunalmond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma R. Kraft

6 DATE OF BIRTH (month, day, and year) July 10-1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Anton C. Kraft

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Charlotta Rolf

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Emma R. Kraft

(Address) Ferndale Md

15 Filed Dec 31 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Dec 27 at 2 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Industrial Nephritis

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

(Signed) H C Funk M. D.

(Coroner) 1929 (Address) North Rd & Dun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted? (If not at place of death)

Former or usual residence Talbot Road Baltimore Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

London Park Cemetery Jan 3 1929

20 UNDERTAKER ADDRESS

Jos Joerdens Son 2173 Pa.

Very Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 40942

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Talem

(a) RESIDENCE NO. 1228 W. Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? 1914

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	14	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) ? (State or country) N. C.

PARENTS

10 NAME OF FATHER [illegible] Talem

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) N. C.

12 MAIDEN NAME OF MOTHER Artrone ?

13 BIRTHPLACE OF MOTHER (city or town) Statesville ? (State or country)

14 Informant

(Address)

15 Filed 2 1929 City [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased (from 12-17, 1928, to 12-31, 1928 that I last saw h[illegible] alive on 12-31, 1928 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

over 2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cavernous Sinus Thrombosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Sugar Determinations

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemy	Jan 2 1929

20 UNDERTAKER Charles H. Alexander

ADDRESS [illegible]

Spec.—2-29-28—L. F. S.—500 Blks.

E 40943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40943

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 W. North Ave. ST 15-21 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate R. Ehlen,

(a) RESIDENCE NO. 1944 W. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widow

6 If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Thomas A. Ehlen,

6 DATE OF BIRTH (month, day, and year): Jan. 4. 1849

7 AGE — Years: 79 — Months: 11 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Schelle,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ellen Lahey,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Harry W. Ehlen

(Address): 1944 S. North Ave

15 Filed 2 1929 C. Parran Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from 12/21/28 19.. to 12/31/28 19..

that I last saw h alive on 12/31/28 19..

and that death occurred, on the date stated above, at 1-30 P M m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

Stroke (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) H. C. Hurwitz M. D.

(Address) 1900 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 19..

20 UNDERTAKER: Geo W. Little

ADDRESS

Spec.—1-10-21—M&T—1500-Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10944

CERTIFICATE OF DEATH.

E 10944

REGISTERED NO. 22002

1-PLACE OF DEATH St Agnes Hospital 28-66 (WARD)

CITY OF BALTIMORE: (NO.

2-FULL NAME Geo Aiken

(a) RESIDENCE NO. 302 S. Franklin Town Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Aitken

6 DATE OF BIRTH (month, day, and year) Apr 21 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Work. keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo B Aiken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary J Livingston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo Aiken

(Address) 314 S. Augusta Ave.

15 Filed , 19 C. HAYDON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-1929

17 I HEREBY CERTIFY, That I attended deceased from 11-16, 1928, to 1-1, 1929, that I last saw him alive on 1-1-1929, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

1a Cirrhosis of Liver (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Buncella M. D.

, 19 (Address) Balt Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 1/3 29

20 UNDERTAKER George A Staley ADDRESS Luther Apts

JAN 2 1929

TION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Bks.

E 40945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40945

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Wilmington Ave ST.) (12-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta L Platt

(a) RESIDENCE No. 903 Wilmington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1910

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
18	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Platt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mamie Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Minnie Wheeler

(Address) 903 Wilmington Ave

15 Filed 2 1929, 19 FRANCIS E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 12-31, 1928, that I last saw h alive on 12-31, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Davis, M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville

DATE OF BURIAL 1/3 1929

UNDERTAKER Jno A Tully Sucsr

ADDRESS Baltimore

FILL IN very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40946 E 40946

CERTIFICATE OF DEATH

REGISTERED NO. 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Falls Road ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary R. Gleesner

(a) RESIDENCE NO. 3709 Falls Road ST., 13 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard F. Gleesner

6 DATE OF BIRTH (month, day, and year) Dec. 5- 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Charles F. Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes Brough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Millard F. Gleesner

(Address) 4106 Falls Road.

File 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1-1929

17

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928, to Jan. 1, 1929.

that I last saw her alive on Jan 1, 1929

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

Emphysema

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. H. Hurd, M. D.

, 19 (Address) 4037 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Jan. 4 1929

20 UNDERTAKER Horace H. Burgee ADDRESS 1411 Falls Road

E 40947 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40947

1-PLACE OF DEATH General Electric Co.

City of BALTIMORE: (No. 1900 Washington Blvd. St. 15-65 Ward)

Registered No. C 88

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sackville C. Wollett

(Residence in Baltimore: No. 3332 Piedmont Ave. St.; yrs. 53 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Sept. 20 (Month) - (Day) 1871 (Year)

7-AGE. 57 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst. Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Foundry General Electric Co.

9-BIRTHPLACE. (State or Country). Martinsburg W. Va.

PARENTS.

10-NAME OF FATHER. Harry Wollett

11-BIRTHPLACE OF FATHER. (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Isabelle Virginia Miller

13-BIRTHPLACE OF MOTHER. (State or Country). W. Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hettie Boone Wollett

(Address) 3332 Piedmont Ave.

15- FILED 1929 C. Hampson Jones, M. D. Per [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 31 (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. B. Foose M. D.
(Coroner) 5 N. Bond
Jan. 1 1929 (Address) Brooklyn Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampden — DATE OF BURIAL. Jan. 3- 1929

UNDERTAKER. Horace M. Burgee — ADDRESS 3631 Falls Rd.

If very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 40948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40948

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3631 - 4th St. Brooklyn ST. 25-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joanna Eanor Gray

(a) RESIDENCE NO. 3631 - 4th St. Brooklyn ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. — How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. James H. Gray

6 DATE OF BIRTH (month, day, and year) Dec. 10-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Rev. J. H. Gray

(Address) 3631 - 4th St. Brooklyn

15 Filed Jan 2, 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1-1929.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1928, to Jan. 1—, 1929

that I last saw h[illegible] alive on Dec. 31, 1928

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

Jan 2, 1929 (Address) 846 - Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Jan. 4 1929
20 UNDERTAKER Isaac A. Burgee	ADDRESS 3631 Falls Road

Spec.—2-29-28—L. F. S.—500 Bks.

(Steiger)

E 40949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 ✓ E 40949

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4303 Glenmore ave. Belmar) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William C. Steiger

(a) RESIDENCE NO. 4303 Glenmore ave Belmar. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn B. Steiger

6 DATE OF BIRTH (month, day, and year) Jan 17 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) Firm of

(c) Name of employer Amerec

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jacob Steiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Evelyn B. Steiger

(Address) 4303 Glenmore Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 19th 1928, to Dec 31st 1928, that I last saw him alive on Dec 31st 1928 and that death occurred, on the date stated above, at 9 50 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

CONTRIBUTORY (Secondary) Influenza (duration) yrs. 4 mos. 12 ds.

Chronic pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, clinical findings

(Signed) Edwin Krusen, M. D.

1/9, 19 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan. 3 1929.

20 UNDERTAKER: Geo. A. Fuith — ADDRESS: 1735 Maryland Ave

Spec.—1-12-23—M&T—500 Blks.

E 40950 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40950

CERTIFICATE OF DEATH. 12

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 27-43 WARD)

2-FULL NAME Mrs. Mary Thompson.

(a) RESIDENCE No. 6219 Fardel Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years 31 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Crowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) America

12 MAIDEN NAME OF MOTHER Dora Plitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant T. Thompson

(Address) 1228 N Eutaw St

15 Filed ..., 19 1929 C. Pearson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1928, to Jan. 2, 1929, that I last saw her alive on Jan 2, 1929 and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Vascular Hypertensive

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer M. D.

, 19 (Address) West Balto. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemtery — DATE OF BURIAL: Jan 5 1929

20 UNDERTAKER: Geo. J. Roth — ADDRESS: 1735 Hanover

Spec.—1-10-21—M&T—1500 Bks.

(Stuart)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40951

CERTIFICATE OF DEATH.

11-001 E 40951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Sheldon St.) WARD 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamilton Pharo

(a) RESIDENCE NO. 1720 Sheldon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Parks

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Pharo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas. Johnson

(Address) 1720 Sheldon St

15 Filed JAN 2 1929 C. HAYDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/1929

17 I HEREBY CERTIFY, That I attended deceased from 12/27/1928 to 1/1/1929

that I last saw him alive on 12/31/1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

CONTRIBUTORY (Secondary) Senile Debility (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

(Address) 924 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL Jan 4 1929

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hayford Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40952

CERTIFICATE OF DEATH.

38 E 40952

1-PLACE OF DEATH

City of BALTIMORE: (No. 233 N. Hill St. St. 22-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Simmons. (C)

(a) RESIDENCE NO. 233 N. Hill St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Susie Carnell. (C)

(Address) 233 N. Hill St.

15 Filed 12-[illegible]-1928 19 C. Livingston Jones Registrar

3654

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac decomposition.
Syphilis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/22 19 28 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER ADDRESS

Commissioner Health

DEC 31 1928

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40953

90 E 40953

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 N. Lee St, St. 22-30 Ward

2-FULL NAME Lula Davis, (C)

(a) RESIDENCE NO. 609 N. Lee St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Robert Nicholson, (c)

(Address) 609 N. Lee St.

15 1929 Jan 3 19 C. Hilton Jones M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 24, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.
Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C. Hilton Jones M. D.
(Coroner)

12/28 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

Deputy Commissioner of Health.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 40954

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Neal

(a) RESIDENCE NO. 305 Walnut Alley ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER Wallace Barby

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va.

14 Informant

(Address)

15 Filed JAN 2 - 1929 C. HARRISON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 3-16, 1928, to 1-1 1929, that I last saw her alive on 1-1, 1929 and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
Myomata Uteri (Fibroid)

over 2 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Arteriosclerosis

over 2 yrs. mos. ds.
(duration)

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) John E. Horan, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 1-3 1929

20 UNDERTAKER David Carlon

ADDRESS Balto

Spec.—1-10-21—M&T—1500 Blks.

E 40955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 40955

REGISTERED NO. 124

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hosp ST. 12-31 WARD

2-FULL NAME Louisa C. Glauber

(a) RESIDENCE No. 1037 Hanover St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Glauber

6 DATE OF BIRTH (month, day, and year) 4/30/1853.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Meyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Dauntal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Hospital Record. (Address)

15 Filed 12-1929 19 Per C. HAVEN JONES, Registrar 13

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 12/31, 1928, that I last saw h[illegible] alive on 12/31, 1928, and that death occurred, on the date stated above at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Gall Bladder

(duration) 0 yrs 0 mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism Cardiac Failure.

(duration) 0 yrs 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 12/29/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 5th 1929

20 UNDERTAKER [illegible] ADDRESS 1039 Hanover

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 40956

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette ST.) 14-28 (WARD)

2 FULL NAME Anna Naber

(c) RESIDENCE No. 1833 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Naber

6 DATE OF BIRTH (month, day, and year) Sept. 26. 1860

7 AGE — Years: 68 — Months: 3 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED Housewife

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bayern Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ferdinand Naber (Address)

15 Filed 1-2-1929 CLAYTON JONES, Registrar. No. 1888

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 1, 1929, that I last saw h[illegible] alive on Jan 1, 1929 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Cardio - renal disease with hypertension

Cerebral hemorrhage

Chronic nephritis

Diabetes Mellitus (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman, M. D.

1/1, 1929 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: 1/4 1929

20 UNDERTAKER: J. Fen McCully ADDRESS: 130 E. Fort

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 40957 HEALTH DEPARTMENT—CITY OF BALTIMORE. 15209 E 40957

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1833 McHenry St. 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Reis

(a) RESIDENCE NO. 1833 McHenry ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Angus Reis

6 DATE OF BIRTH (month, day, and year) Feb 15-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	16	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Frederick Kissinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Mrs. Wm Stuckey

(Address) 1833 McHenry

15 Filed 1-2 1929 C. Harrison Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928, to Dec 30, 1928, that I last saw h[illegible] alive on Dec 29, 1928 and that death occurred, on the date stated above, at 5 30 a m

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) A. Heller Hemming M.D.

1/2, 1929 (Address) 2000 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Catholic Cemetery DATE OF BURIAL Jan 3 1929

20 UNDERTAKER George L. Schwab ADDRESS 201 Bush St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40958

1—PLACE OF DEATH Union Memorial Hosp REGISTERED NO. 16-007

CITY OF BALTIMORE: (No.) 33d + Calvert ST. (WARD) 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Weil

(a) RESIDENCE NO. 3535 Buena Vista ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 18 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		14		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gebert Weil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary A. Littlesburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Parent

(Address) 3535 Buena Vista St

15 [illegible] 2 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Jan 1 1929, that I last saw h[illegible] alive on Jan. 1 1929 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Dysentery (bacillary) - resulting in malnutrition. Date completed by —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bilateral broncho-pneumonia - unresolved (duration) 0 yrs. 1 mos 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Wallace Swackhamer M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Hampden	Jan 3 1929

20 UNDERTAKER Chenowith Son ADDRESS 246 Chest[illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40959

CERTIFICATE OF DEATH

90 E 40959

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Windsor Court Apartments (Walbrook Junction) ST., (WARD) 15-61

2—FULL NAME Frank Moore Schultz

(a) RESIDENCE NO. Windsor Court Apts. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence L. Schultz

6 DATE OF BIRTH (month, day, and year) August 18th. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ACCOUNTANT 013

(b) General nature of industry, business, or establishment in which employed (or employer) Engineering Dept.

(c) Name of employer B. and O. R. R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander Schultz

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Meyers

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Florence L. Schiltz
(Address) 4017 Liberty Heights Ave.

15 Date JAN 2 1929 16 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1st. 1929

17 I HEREBY CERTIFY, That I attended deceased from 4-16, 19[illegible], to Jan 1, 1929, that I last saw h[illegible] alive on Jan 1, 1929, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

Sepsis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Fred Feldmann M. D.

1-1-29 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery.	Jan. 3 19 29
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Balto St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 109160 E 109160

CERTIFICATE OF DEATH.

X 129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Maxwell

(a) RESIDENCE ~~No.~~ Spanishburg W Va ~~ST.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 5 - 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	37		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rubber Tire Maker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va

PARENTS

10 NAME OF FATHER Estil V. Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Sally Karnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Records JOHNS HOPKINS HOSPITAL

(Address)

15 Filed 2-1929 By C. HAYDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 16 1928, to Jan 2 1929, that I last saw h alive on Jan 2 1929, and that death occurred, on the date stated above, at 8 15 a. m.

The CAUSE OF DEATH* was as follows:

Arteriolar Sclerosis, Hypertension Vascular Nephritis Cr Syphilis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C O Briggs, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bluefield W Va

DATE OF BURIAL Jan 9 1929

20 UNDERTAKER John Ulherk

ADDRESS 1200 Calvert

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40961

CERTIFICATE OF DEATH

18 S E 40961

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary P. Caughy

(a) RESIDENCE NO. 1507 John St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael P. Caughy

6 DATE OF BIRTH (month, day, and year): January 21 or 22 1847

7 AGE: Years 81 Months 11 Days 9

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Capt. Chas. Pendergast

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Rosanna Wilson

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Miss Addaide Caughy

(Address): Walbert Apartments Balto. Md

15 Filed: 2-1929 C. P. Lawson Jones Jr. Registrar

Per: ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: January 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 28, to Jan 1, 19 29.

that I last saw her alive on Jan 1, 19 29.

and that death occurred, on the date stated above, at 12 35 AM m.

The CAUSE OF DEATH* was as follows:

Terminal pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Fracture neck of femur

(duration) ..... yrs. 2½ mos. ..... ds.

(over)

18 Where was disease contracted

If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X ray -

(Signed) J. Leyho M. D.

, 19 (Address) Mercy Hospital # 2758

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Jan 3 1929

20 UNDERTAKER: Henry H. Jenkins Sons Co. — ADDRESS: McCulloh & Orchard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40962

HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 40962

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 2743

CITY OF BALTIMORE: (No.) 2907 Berwick Ave. ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME WENDELIN G. SENGE

(a) RESIDENCE NO. 2907 Berwick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) November 11,1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wendelin Senge

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Martha Meier

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mr. Wendelin Senge (Father)

(Address) 2907 Berwick Ave.

15 Filed 2-1929 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2,1929

17 I HEREBY CERTIFY, That I attended deceased from 12-20 19 28 to 1-2-29 19

that I last saw him alive on 1-2-29 19

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hullerud M. D.

1/2 19 29 (Address) 2214 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Jan. 3. 1929

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00 E 40963

1—PLACE OF DEATH

REGISTERED NO. 70-69

CITY OF BALTIMORE: (No. 513 Poplar Grove ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William A. Lilly

(a) RESIDENCE NO. 513 Poplar Grove ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada F. Lilly.

6 DATE OF BIRTH (month, day, and year): June 7, 1876.

7 AGE: Years 52, Months 6, Days 26, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pressman.

(b) General nature of industry, business, or establishment in which employed (or employer): News Papers.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William A. Lilly.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md.

12 MAIDEN NAME OF MOTHER: Ann R. Le Brun.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

11 Informant: Ada F. Lilly, (Wife).

(Address): 513 Poplar Grove St.

15 Filed 2-1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 2, 1929, that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Influenza.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Winfield, M. D.

Jan 2 1929 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Harmel Cem

DATE OF BURIAL: Jan 5, 1929

20 UNDERTAKER: Howard Evans

ADDRESS: 38 Hanover

Spec.-7-17-26—A Co.—200 Bks.

E 40964

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-0 E 40964

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 636 " Lombard St. 4-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Apalinary Lysowski

(a) RESIDENCE NO. 636 W Lombard St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER John Lysowski

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Ludwika Lysowska

(Address) 636 W Lombard St.

15 Filed 1929 Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from 12/23, 1928, to Jan 1st, 1929, that I last saw h[illegible] alive on , 19 , and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lagrippe

(duration) yrs. mos 10 ds.

CONTRIBUTORY Lobar Pneumonia

(Secondary)

(duration) yrs. mos 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Freund, M. D.

, 19 (Address) 918 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Jan 5 19[illegible]

Date of Burial

20 UNDERTAKER John M Weber

ADDRESS [illegible] Fayette St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40965

CERTIFICATE OF DEATH.

101-001 V

E 40965

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 S Durham St. 9-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Starzynska

(a) RESIDENCE NO. 520 S Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Starzynski

6 DATE OF BIRTH (month, day, and year) Unknown 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Thomas Starzynski

(Address) 520 S. Durham

15 Filed ..... 19 .....

Registrar

DEC 2 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Kenton M. D.

(Coroner)

12. 1929 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Dec 3 1929

20 UNDERTAKER John M Weber ADDRESS 401 S Chester

IF DEATH IS FROM VIOLENCE, state briefly the means and nature of injury, and whether accidental, suicidal or homicidal. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec-12-23-2)-E.P.R.S.—400 Blks.

(Helena Carll)

E 40966 HEALTH DEPARTMENT—CITY OF BALTIMORE E 40966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 4518 Mansfield Ave 27-45 Registered No. 56

City of BALTIMORE: (No. ..... St., ... Ward)

2-FULL NAME Helena Carll

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 4518 Mansfield Ave St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 11yrs mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem'l

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Walter Carll

6-DATE OF BIRTH (month, day and year) Sept 28-1890

7-AGE 29 yrs. 3 mos. 4 ds. 3

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer .....

9-BIRTHPLACE (city or town) ..... (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ho Lehrenning

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Germany

11- (Informant) Walter Carll

(Address) 4518 Mansfield Ave

Filed 1929 C. HAMILTON JONES, M. D. 192

For ORR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1/17/29

17- I HEREBY CERTIFY, That I attended deceased from 1925, 19 ..... to 12.31.28 19 .....

That I last saw h.e alive on 12.31.28 19 .....

and that death occurred, on the date stated above, at 12-01 A.M.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(Duration) 3 yrs. ..... mos. ..... ds

CONTRIBUTORY (Secondary)

.....(Duration)..... yrs. ..... mos. ..... ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical - Microscopic

(Signed) Philip R. Fauver M. D.

1.2.29, 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Gardens DATE OF BURIAL. 1/3 19 29

20-UNDERTAKER Stephen Recklmeyer ADDRESS 727 Lemmon

16

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40967

CERTIFICATE OF DEATH

57 E 40967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Pine ST., 17-26 WARD)

2—FULL NAME George Henry Burt

(a) RESIDENCE NO. 420 N. Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widowed

a If married, widowed, or divorced HUSBAND of (or WIFE of) Eliza E. Burt

6 DATE OF BIRTH (month, day, and year) Aug 15, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Oto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trinidad, B.W.I.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Evelyn Cradick

(Address) 420 N. Pine St.

15 Filed JAN 3 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 10-4, 1928, to 12-31, 1928, that I last saw h[illegible]live on 12-30, 1928 and that death occurred, on the date stated above, at 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mell.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood, urine, clinical

(Signed) H. Marco Williams, M. D.

1-2, 1929 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 3 1929
20 UNDERTAKER Frank T. Dunkley	ADDRESS 578 N Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 40968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84 E 40968

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 543 N. Lafayette Ave (ST., AVE., ETC.) (WARD)

2—FULL NAME Joseph T. Mason Jr

(a) RESIDENCE NO. 543 N. Lafayette Ave ST.

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Mason

6 DATE OF BIRTH (month, day, and year) Aug 16-86

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jos. T. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Carrie. Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Jos. T. Mason

(Address) 712. Eamonson Ave

15 Filed JAN 3 - 1929 H. L. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 19 28, to 1-2- 19 29 that I last saw h alive on Jan 1 19 29 and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Coryza Pneumonia

CONTRIBUTORY (Secondary) Probable Rheumatism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H Bruce M D

1-2, 19 29 (Address) 1 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: Jan 3 19 29

20 UNDERTAKER: Wm. H. Chase & Sons ADDRESS: Madison

Spec.—2-29-28—L. F. S.—500 Bks.

E 40969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 40969

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1615 Jefferson ST., 6 9 WARD)

2—FULL NAME Charles W Turner

(a) RESIDENCE NO. 1615 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Turner

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Estelle Butler

(Address) 1122 Ashland Ave

15 Filed JAN 3 1929, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 19 28, to Jan 2 19 29

that I last saw h alive on Jan 2 19 29

and that death occurred, on the date stated above, at 4 35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Jan 2 1929 (Address) 508 Lenox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Jan 6 1929

20 UNDERTAKER Chas. N. Johnson & Co ADDRESS N. Carolina Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40970 10-1002 E 40970

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 10 Balto Gen St. 25 Ward 11) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick H. Slacker

(a) RESIDENCE NO. 4115 Grace Court, Curtis Bay Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 1919

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	9	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) School Boy

(r) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Frederick S. Slacker

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Freida Birraine

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Frederick S. Slacker

(Address) 4115 Grace Court Curtis Bay Balto Md

Filed JAN 3 - 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/28

17 I HEREBY CERTIFY, That I attended deceased from 12/31/28 19 to 12/31/28 19

that I last saw h[illegible] alive on 12/31/28 19

and that death occurred, on the date stated above, at 3.00 P. M.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicemia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Tonsillitis Abscess

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 12/31/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) William H. Cohen M. D.

12/31/28 (Address) So Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery [illegible]	Jan 3 1929
20 UNDERTAKER John H. Denny	ADDRESS 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40971 — CERTIFICATE OF DEATH — 10-002 E 40971

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital, 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary S Stecker

(a) RESIDENCE NO. 411 S Grace St (Canton Bay) WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 18, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11½		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Fred S. Stecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Frieda Burrane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Frieda Stecker
(Address) 411 S Grace St

15 Filed JAN 3 1929, 19 [illegible] City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 1, 1929

that I last saw her alive on Jan 1, 1929

and that death occurred, on the date stated above, at 11:20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Diphtheritic Myocarditis
Tonsillar + Nasal
Diphtheria

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) No contributory cause detected (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 411 S Grace St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Addison Craft Ordway M. D.

19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem.	Jan 3 1929

20 UNDERTAKER John F. Denny — ADDRESS 7 S Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 40972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 40972

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST. 4 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee Shue

(a) RESIDENCE NO. 215 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Chinese	?

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ?
(State or country) China

PARENTS

10 NAME OF FATHER Le Chung ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) China

12 MAIDEN NAME OF MOTHER Wong Chung ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) China

14 Informant

(Address)

15 Filed JAN 3 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 12-31 1928 to 1-1 1929.

that I last saw h[illegible] alive on 1-1 1929

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic & acute

(duratinn) 1 yrs mns ds.

CONTRIBUTORY (Secondary) Hypertension Chronic nephritis

(duratinn) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autnpsy? No

What test confirmed diagnosis? None

(Signed) John E. Moran, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 5 1929
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

E 40973 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 40973

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 5301 Gwynn Oak Ave. ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest O. Amberg

(a) RESIDENCE NO. 5301 Gwynn Oak Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Feides K. Amberg

6 DATE OF BIRTH (month, day, and year) April 29, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Christopher Amberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Feides K. Amberg

(Address) 5301 Gwynn Oak Ave.

15 Filed JAN 3 - 1929 C. HARRISON JONES, Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-1929

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to Jan 1, 1929

that I last saw him alive on Jan 1, 1929

and that death occurred, on the date stated above, at 8.45 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Kidney (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

Jan 3, 1929 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Jan 4 1929
20 UNDERTAKER	ADDRESS
Wm C. Black	927 N Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40974 101-001 E 40974

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2110 Llewelyn Ave. ST., 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie Wilback

(a) RESIDENCE NO. 2110 Llewelyn Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wilback

6 DATE OF BIRTH (month, day, and year) Feb. 12, 1864,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D. C.
(State or country)

PARENTS

10 NAME OF FATHER Cagiden Sickal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Susan Hall

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Bernard Wilback
(Address) 2110 Llewelyn ave.

15 Filed JAN 3 - 1929 19 C. EXETON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 1/1/29

17 I HEREBY CERTIFY That I attended deceased from Dec 26 1928 to 1/1/29 1929,

that I last saw h[illegible] alive on 1/1/29 1929

and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alf I Bagl, M. D.

1/2/29 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 4 1929

20 UNDERTAKER Wm. E. Black ADDRESS 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 40975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40975

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

If death occurred in a hospital or institution, give NAME instead of street and number.

CITY OF BALTIMORE: (No. 7th K Ward) 1811 Eastern

2-FULL NAME Dr Max Smith

(a) RESIDENCE No. 7134 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Hattie Smith

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE — Years: 32 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Elias Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Norton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 E Balto St

15 Filed JAN 3 1929, 19 C. HAMILTON JONES, M. D. Registrar

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1929

17

I HEREBY CERTIFY, That I attended deceased from 10 A.M. Jan 2, 19 29 to 11:40 P.M. Jan 2 19 29.

that I last saw h[illegible] alive on Jan 2, 19 29,

and that death occurred, on the date stated above, at 11:40 P.m.

The CAUSE OF DEATH* was as follows:

Influenzal Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) Meyer Miller, M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Jan 3 1929

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓

E 40976

1—PLACE OF DEATH

REGISTERED NO. E 40976

CITY OF BALTIMORE: (No. 2632 Oswego Ave. ST. 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harris Goldstein

(a) RESIDENCE NO. 2632 Oswego Ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Goldstein

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 62; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Solomon Klive

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Chana Rua -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Harris Goldstein

(Address) 2632 Oswego ave

15 Filed ..... 19 ..... Registrar

JAN 3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1927, 19 ..., to Jan. 2 - 1929.

that I last saw h[illegible] alive on Jan - 2nd 1929

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis with Hypostatic Congestion

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza - Acute Bronchio Pneumonia

(duration) yrs. mos 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No - Date of

Was there an autopsy? No -

What test confirmed diagnosis?

(Signed) Morris J. Schlein M.D.

19 (Address) 4514 Eastern Ave - Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	Jan 3 1929
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Balto St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40977

CERTIFICATE OF DEATH

84 E 40977

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 3-4 WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tonie Charnakel

(a) RESIDENCE NO. 110 So. Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? ? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Oil

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Charnakel

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Poland

14 Informant .....

(Address) BALTIMORE CITY HOSPITALS

15 Filed JAN 3 1929, 19 C. HAMPSON JONES, M. D.

By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31-28

17 I HEREBY CERTIFY, That I attended deceased from 6-21, 1926, to 12-31, 1928

that I last saw h. alive on 12-31, 1928

and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, Pulmonis

Syndrome

(duration) over 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Decubitus Ulcers

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John K. Mann M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Russian Independent	Jan. 3. 1929

20 UNDERTAKER John Grebliauckas ADDRESS L. G. 425 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

B 40978

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 40978

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital, Baltimore Md. (ST., WARD) 7 1/2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Burley

(a) RESIDENCE NO. 1044 Shields Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Burley

6 DATE OF BIRTH (month, day, and year) March 4, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Annapolis

(State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Burley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Md.

15 Filed JAN 2 - 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1928, to January 2, 1929, that I last saw him alive on January 2, 1929, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis, tertiary

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Valvular heart disease, aortic regurgitation

(duration) unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & clinical findings

(Signed) Ralph L. Porter, M. D.

1/2, 1929 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 1/4, 1929

20 UNDERTAKER Goldsborough & Bro — ADDRESS 1127 E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 40979

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ____ ST., 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Jefferson

(a) RESIDENCE NO. 2105 Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S., if foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

a If married, widowed, or divorced HUSBAND nf (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24 25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature nf industry, business, or establishment in which employed (or employer) ? 040

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) N. C.

PARENTS

10 NAME OF FATHER David Jefferson

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) ?

12 MAIDEN NAME OF MOTHER Betty ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) N. C.

14

Informant

(Address)

Filed N 3- 1929

E. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17

I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 1-1, 1929

that I last saw h[illegible] alive nn 1-1, 1929

and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, Rt Lat.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) None

(duratinn) yrs. mos. ds.

18 Where was disease cnntracted if not at place of death? Home

Did an operatinn precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X-ray

(Signed) John E. Monsell M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature nf Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 1-3 1929

20 UNDERTAKER David Easton

ADDRESS 96 Lee Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 40980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

38

1—PLACE OF DEATH [redacted] REGISTERED NO. E 40980

CITY OF BALTIMORE: (No. 26-37 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sadler, Charles

(a) RESIDENCE NO. None (sentenced from City Jail) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
48				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Samuel Sadler

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed DEC 3 1929, 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-28

17

I HEREBY CERTIFY, That I attended deceased from 11-29, 19 28, to 12-26, 19 28,

that I last saw him alive on 12-26, 19 28

and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

Chronic nephritis

Aneurysm Aorta

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas of face

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Home & hospital

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray, Lumbar puncture

(Signed) P. M. Hoch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sacred Heart	1/3 1929
20 UNDERTAKER Johns & Fahey [illegible]	ADDRESS 1218 E. Eager St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40981

90

CERTIFICATE OF DEATH

E 40981

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [illegible] ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Freeland

(a) RESIDENCE NO. 417 Asquith ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1857?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?
(State or country) Md

PARENTS

10 NAME OF FATHER Thos. Freeland

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Md

11 Informant

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 4-5, 1926, to 1-1, 1929

that I last saw him alive on 1-1, 1929

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia,

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John C. Wood, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 1-3 1929

20 UNDERTAKER Byron Wright

ADDRESS 1218 McCulloh

1-3-1929 C. HAMILTON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40982 — 100-001 — E 40982

CERTIFICATE OF DEATH

1—PLACE OF DEATH: BALTIMORE CITY HOSPITALS — REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 22-30 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Paul Lange

(a) RESIDENCE NO. 213 Penn ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1st 1872

7 AGE: Years 56 | Months 8 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blind Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Philip Lange

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) So Carolina

14 Informant

(Address) BALTIMORE CITY HOSPITALS

Filed JAN 3 - 1929 WILLIAM H. FOWLER, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 1-1, 1929, that I last saw h[im] alive on 1-1, 1929 and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Leukemia Atypic Left Knee

Bilateral Lobular Pneumonia

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Leukicemia - Staph coccus

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) John E Moran M. D.

Address BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 1-4 1929

20 UNDERTAKER: Bernard C Haske — ADDRESS: 1000 S Paca St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40983

CERTIFICATE OF DEATH

11-001

E 40983

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1539 S. Charles ST. 2334 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Chaikowskiy.

(a) RESIDENCE NO. 1539 S. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Chaikowskiy.

6 DATE OF BIRTH (month, day, and year) Jan 31. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Catherine Chaikowskiy

(Address) 1539 S. Charles St.

15 Filed NOV 3 1929 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1928, to Jan. 1, 1929, that I last saw h[illegible] alive on January 1, 1929 and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs — mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) — yrs — mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History + Physical exam.

(Signed) Morris Abramowitz, M. D.

19 (Address) 1705-7 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery a. q. Co.

DATE OF BURIAL 1/4 1929

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40984 — E 40984

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. South Balto Gen'l ST., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary Soukup.

(a) RESIDENCE NO. 2806 Elliott ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Soukup.

6 DATE OF BIRTH (month, day, and year) May 6. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER — Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Mary Poston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: James Soukup (Husband) (Address) 2806 Elliott St.

15 Filed 3 1929 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/28

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1928, to 12/31, 1928, that I last saw h[illegible] alive on 12/31/28 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death? So. Baltimore Gen Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William H Schaaf, M. D.

12/31, 1928 (Address) So Balto Gen Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cahalan Cemetery	Jan 4 1929

20 UNDERTAKER: P. Kelly Ziter Inc. ADDRESS: 407 W. Mad.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40984

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l ST., Ward)

2—FULL NAME Mrs Mary Soukup.

(a) RESIDENCE NO. 2806 Elliott ST., WARD

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Soukup.

6 DATE OF BIRTH (month, day, and year) May 6. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER — Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Mary Poston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: James Soukup (Husband) (Address) 2806 Elliott St.

15 Filed 3 1929 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/28

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1928, to 12/31, 1928, that I last saw h[illegible] alive on 12/31/28 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death? So. Baltimore Gen Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William H Schaaf, M. D.

12/31, 1928 (Address) So Balto Gen Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cahalan Cemetery	Jan 4 1929

20 UNDERTAKER: P. Kelly Ziter Inc. ADDRESS: 407 W. Mad.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40985 | 101-001 | E 40985

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Liberty Heights WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Ferguson

(a) RESIDENCE NO. 3527 Liberty Heights ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. L. Ferguson

6 DATE OF BIRTH (month, day, and year) July 8 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Sarah McFarland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edw. L. Ferguson (Address) 3527 Liberty Heights

15 Filed JAN 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 - 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan 1, 1929, that I last saw him alive on Jan 1, 1929 and that death occurred, on the date stated above, at 6.10 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Lobar Pneumonia
& Pleurisy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hegner, M. D.

1/2, 1929 (Address) 3401 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cem DATE OF BURIAL Jan 3 1929

UNDERTAKER Wm. J. Tackney Sons ADDRESS N & Pa

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40986

CERTIFICATE OF DEATH

90 E 40986

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5029 Reisterstown Road (WARD)

2—FULL NAME Mary Jane Miller

(a) RESIDENCE NO. 5029 Reisterstown WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Miller

6 DATE OF BIRTH (month, day, and year): July 25- 1862

7 AGE: Years 66 | Months 5 | Days 6 | If LESS than 1 day, hrs. or mio.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lake Co Penna

PARENTS

10 NAME OF FATHER: Wm Aberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha Scelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Wm Miller

(Address) 5029 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

1929 HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31-1928

17 I HEREBY CERTIFY, That I attended deceased from 11/30 1928 to 12/31 1928

that I last saw h-e alive on 12/30 1928

and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Mitral Insufficiency (duration) 2 yrs ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Elimination

(Signed) F. A. Signut, M. D.

19 (Address) 904 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 1/3 1929

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

40987 66 E 40987

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1253 Cross St ST. 7-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Mannion

(a) RESIDENCE NO. 1253 W Cross St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25. 1903.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alexis P. Mannion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Johanna Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant M. Alexis P. Mannion.
(Address) 1253 W Cross St.

15 Filed JAN 3 1929 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1929.

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1928 to 1-1-, 1929.

that I last saw h alive on 1-1-, 1929

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Acut Alcoholism.

(duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stafford Dann, M. D.

, 19 (Address) 1117 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan. 4 1929
20 UNDERTAKER John J Cowan & Son	ADDRESS 901 Holly St.

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Payne

10988

HEALTH DEPARTMENT—CITY OF BALTIMORE

+60-001

CERTIFICATE OF DEATH.

L 10983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph's Hospital ST. 947 WARD)

2-FULL NAME Dr. Richard S. Payne

(a) RESIDENCE NO. 6 Sudbrook Ave ST. Pikesville WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~37~~ yrs. — mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mo Statement

7 AGE — Years: 38 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Reuben L. Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Belle Gravely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mr. William Neil Payne

(Address) 205 Penn Ave Huntington

15 Filed JAN 3 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 2nd 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jan 2, 1929,

that I last saw h/im alive on Jan 2, 1929,

and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 12/28/28

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. F. Zimmerman M.D.

Jan 2 1929 (Address) 50 Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Afton. Va.

DATE OF BURIAL: January 3 1929

20 UNDERTAKER: Henry Houck Son

ADDRESS: 1801 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40989 — 11-001 — E 40989

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Chester ST., 710 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Schneider

(a) RESIDENCE NO. 517 N. Chester ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schneider

6 DATE OF BIRTH (month, day, and year) Nov 7/44

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Mfr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Sadie Rasmussen
(Address) 517 N. Chester St.

15 Filed ....., 19 ..... C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1/29

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 19.. to Jan 1 19 29.

that I last saw h[illegible] alive on Dec 31 19 28.

and that death occurred, on the date stated above, at 3 35 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Ross Knales M. D.

1-3, 19 29 (Address) 2385 E. Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 1/4/29

20 UNDERTAKER Phillips Henry

ADDRESS 2016 Orleans St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40990 E 40990

CERTIFICATE OF DEATH

1-001

1—PLACE OF DEATH

REGISTERED NO. 27-44

CITY OF BALTIMORE: (No. 5007 Gindon Ave ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia Louise Knight

(a) RESIDENCE NO. 5007 Gindon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 3/1916

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	3	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Ellsworth L Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elsie D. Mizell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ellsworth L. Knight

(Address) 5007 Gindon Ave

JAN 3 - 1929

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Dec 31, 1928, that I last saw h alive on Dec 31 1928 and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Acute T Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intercostal Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Lamar Jones, M. D.

1/2 1929 (Address) 4 Woodlawn Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 1/3 1929

20 UNDERTAKER Philip Herwig

ADDRESS 3016 Guilford Ave

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40991

1925 E6 100-001 1842 E 40991

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 717 N. Central ave (ST.) 10-14 (WARD)

2-FULL NAME Felipa Wilson

(a) RESIDENCE NO. 717 N. Central ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Florence E Wilson

6 DATE OF BIRTH (month, day, and year): June 1842

7 AGE — Years: 86 — Months: 6 — Days: 21 — If LESS than 1 day, hrs. or min.: 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine McCarthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Emma C Wilson

(Address) 717 N Central ave

15 Filed JAN 3 - 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1st 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 , 1929 to Jan 1 , 1929 .

that I last saw him alive on Jan 1 , 1929 .

and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W D Straus, M. D.

, 19 (Address) 1 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdown

DATE OF BURIAL: Jan 4th 1929

20 UNDERTAKER: Geo Schilling & Son

ADDRESS: Appointment Undertaker

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001 ✓ E 20992

E 20992

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 79 Birkhead (ST.) 23-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna C. Smith

(a) RESIDENCE NO. 79 Birkhead ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 18, 1927

7 AGE: Years 1 | Months | Days 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none. Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Edward L. R. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Priscilla Floyd.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Edw. L. R. Smith

(Address) 79 Birkhead St.

15 Filed JAN 3 - 1929, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 19 28, to Jan 1, 19 29

that I last saw h[illegible] alive on Jan 1, 19 29

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Septic Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. J. Wheeler M. D.

1/1, 1929 (Address) 1299 Pulliam St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: 1/4 1929

20 UNDERTAKER: Mayse & Flynn — ADDRESS: 1422 Light St

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 40993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40993

CERTIFICATE OF DEATH

.90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1826 ST. E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jones

(a) RESIDENCE NO. 837 Kirk St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm A. Jones

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Chas. H. Saulter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachal ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant

(Address)

15 Filed JAN 3 - 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17

I HEREBY CERTIFY, That I attended deceased from 12-25, 1928, to 1-1, 1929,

that I last saw her alive on 1-1, 1929

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) over 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Art-sclerosis

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hugh Moran M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/4 1929
20 UNDERTAKER Samuel T. Hunsley	ADDRESS 78 W Biddle

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 40994

CERTIFICATE OF DEATH

90

E 40994

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 654 N Fairmount ST., 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leah Taylor

(a) RESIDENCE NO. 654 Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col'd	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment In which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Geo Taylor

(Address) 675 Mulberry

15 Filed JAN 3 1929 HAMILTON JONES, II Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 - 1929

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Jan 1, 1929.

that I last saw h alive on Dec 31, 1928

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood, M. D.

Jan 2, 19 (Address) 90 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/4 1929

20 UNDERTAKER Samuel Hemsley

ADDRESS 1378 N Bridle

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 40995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 E 40995

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 643 Calhoun St (Ward) 16th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Fuller

(a) RESIDENCE NO. 643 Calhoun St, Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Neptune Fuller

6 DATE OF BIRTH (month, day, and year) 1879 - J

7 AGE 50 Years 49. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gideon Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Roberta Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Neptune Fuller (Address) 643 Calhoun St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/27 1928 to 12/31 1928 that I last saw h alive on 12/31 1928 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia

CONTRIBUTORY (Secondary) (duration) Cardiac Hyp yrs. 2 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

(What test confirmed diagnosis) Physical

(Signed) H. Lee Lucas, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem DATE OF BURIAL 1/3 1929

20 UNDERTAKER Samuel Hemsley ADDRESS 2 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 3 1929 H. LINCOLN JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

40996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001 40996

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4407 Mary Ave., Raspeburg ST. 26th WARD)

2-FULL NAME Albert Thomas Landis

(a) RESIDENCE No. 4407 Mary Ave., Raspeburg, Md ST., 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Laura Landis

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	2	8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electric welder

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Granville Landis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary V. Farren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14

Informant Allen H. Harris

(Address) 5818 Marluth Ave., Raspeburg

15 Date received JAN 3 - 1929 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 19 29

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 19 28 to Jan. 2, 19 29

that I last saw him alive on Jan. 2, 19 29

and that death occurred, on the date stated above, at 12:40A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1-2, 1929 (Address) 5713 Belair Rd., Raspeburg,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Lawn DATE OF BURIAL Jan 4 19 29

20 UNDERTAKER Frank a Fink ADDRESS 905 E Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-29—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 40997 — 90 — E 40997

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1309 E Layfatt ~~St.~~ av (WARD) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James C Lawlor.

(a) RESIDENCE NO. 1309 E. Layfatt av WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced,~~ (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine E Lawlor.

6 DATE OF BIRTH (month, day, and year): April 27 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Cresby Lawlor.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: C. Leary.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs. Catherine E. Lawlor.

(Address) 1309 E Layfatte av

15 Filed JAN 3 - 1929 CLIFTON T. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31. 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928. to Dec 31. 1928.

that I last saw him alive on Dec 31, 1928

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation with Pulmonary Oedema.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Degeneration (Rheumatism)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clem Smith, M. D.

Dec 31 1928 (Address) 4922 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. — DATE OF BURIAL: Jan 4 1929.

20 UNDERTAKER: Geo L. Rush — ADDRESS: 1725 Harford av

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 10998 (printed)

90 E 10998

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1131 E North St. 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Adkins

(a) RESIDENCE NO. 1131 E North St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Adkins

6 DATE OF BIRTH (month, day, and year) Nov 15 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Delaware

PARENTS

10 NAME OF FATHER L. Adkins

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Hilda Schaffer

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Delaware

14 Informant Cora Leach

(Address) 1131 E North St

15 Filed JAN 3 1929 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

Smolder (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

1-3-1929 (Address) 708 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial 1 3 1929

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

If DEATH occurred in a hospital or institution, the NAME and not the street and number should be given in answer to question 2. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 40999

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sing

(a) RESIDENCE NO. 1806 Ashland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Brown

5 Single, Married, Widowed, or Divorced (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: orderly

(b) General nature of industry, business, or establishment in which employed (or employer): Hosp

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): East India

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): East India

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): East India

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed JAN 3 - 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31/1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1925, to Dec 31, 1925, that I last saw him alive on Dec 31, 1925, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Laryngeal edema

(duration) yrs. mos. 24 hrs

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James Bradley, M. D.

1/1, 1929 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	1/3/29
20 UNDERTAKER: Wm. R. C. Elliott	ADDRESS: 1725 Ashland Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F.

E 41000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001

E 41000

1—PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 16-39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James J Starkey

(a) RESIDENCE NO. 144 No. 8th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) May 15, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Watchman

(b) General nature of industry, business, or establishment in whirh employed (or employer) ?

(c) Name of employer Pennsylvania Railroad

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Starkey

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

Address BALTIMORE CITY HOSPITALS

JAN 2 - 1929 FILED HILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17

I HEREBY CERTIFY, That I attended deceased from 12-15, 1928, to 1-1, 1929, that I last saw h[er] alive on 1-1, 1929 and that death occurred, on the date stated above, at 10:25 A m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate - Benign

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes PROSTATECTOMY Date of 12-27-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) John E. Moran, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Jan 5, 1929

20 UNDERTAKER Kalt & Turnenche — ADDRESS 1442 N Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41001 — 11-001 — E 41001

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 748 W Fairmount Ave 4-26 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Stewart

(a) RESIDENCE NO. 748 W. Fairmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hester Stewart

6 DATE OF BIRTH (month, day, and year): June 16 1878

7 AGE — Years: 50 — Months: 6 — Days: 16 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chambersburg (State or country) Penn

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) Chambersburg (State or country) Penn

12 MAIDEN NAME OF MOTHER Margaret Stewart

13 BIRTHPLACE OF MOTHER (city or town) Chambersburg (State or country) Penn

14 Informant Hester Stewart (Address) 748 W. Fairmount Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar. By .....

JAN 3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 1 1929

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to Jany 1, 1929, that I last saw h.... alive on Jany 1, 1929, and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. 5 mos. 2 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical Signs

(Signed) Jas L Hooper, M. D.

19 (Address) 862 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Jan 5, 1929

20 UNDERTAKER: Kate R. Williams — ADDRESS 322 N Schroeder St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE... tion should be carefully supplied. AGE should be stated EXACTLY. ... OF DEATH in plain terms, so that it may be properly classified. Exact ... very important. See instructions on back of certificates. ... of informa... should state CAUSE ... of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

41002

HEALTH DEPARTMENT—CITY OF BALTIMORE

41002

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. 76-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4411 Raspe Ave., Raspeburg ST. (or Ave.) WARD

2-FULL NAME William O. Jefferson

(a) RESIDENCE NO. 4411 Raspe Ave., Raspeburg, Md ST., 26th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Jefferson

6 DATE OF BIRTH (month, day, and year) March 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Tires

(c) Name of employer Martin J. Barry

9 BIRTHPLACE (city or town) St. Michaels

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Jefferson

11 BIRTHPLACE OF FATHER (city or town) St. Michaels

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) St. Michaels

(State or country) Md.

14 Informant (Address) Mr. William W. Bratt 4411 Raspe Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25 1929 to Jan. 2, 1929

that I last saw him alive on Jan. 2, 1929

and that death occurred, on the date stated above, at 2:20A. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

1/2 1929 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan. 4 1929

20 UNDERTAKER Frederick Casualty Co. — ADDRESS Fullerton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 3 1929 HAMILTON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41003

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 41003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Prentiss Place ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Matula

(a) RESIDENCE NO. 2204 Prentiss Pl. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Niedermeller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Frank Matula

(Address) 2204 Prentiss Place

15 Filed JAN 3 - 1929 WILLIAM P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1928 to Jan 1 1929

that I last saw her alive on Jan 1 1929

and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

1 Broncho-pneumonia

(duration) yrs mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Vincent B. Joska M. D.

19 (Address) 845 N. Wash. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 4 1929

20 UNDERTAKER Wm. Erdman Son

ADDRESS 1706 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 E 41004

CERTIFICATE OF DEATH.

E 41004

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 N. Port St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Harley

(a) RESIDENCE NO. 912 N Port St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Mulatto	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Harley

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Michael Harley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Walter Harley

(Address) 912 N Port St

Filed JAN 8 - 1929 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 1929 Jan 1

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1928 to Jan 1 1929, that I last saw h[illegible] alive on Jan 1 1929, and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

Hydrothorax

(duration) ..yrs. ..mos. Few ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilat

(duration) ..yrs. ..mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Hopewell M. D.

1929 Address 1 Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Jan 4 1929

20 UNDERTAKER ADDRESS

Fred Lueckstan 1906 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41005 100-002 E 41005

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hosp. (Ward) 10-14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Harris

(a) RESIDENCE NO. 1001 N Sterling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race C

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 2, 1928

7 AGE Years Months Days IF LESS than 1 day hrs. or min.

9 29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown.

12 MAIDEN NAME OF MOTHER Ethel Harris

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Balto. Md.

14 Informant Ethel Harris

(Address) 1001 N. Sterling st.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JAN 3 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) yr. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

Jan 2 1929 (Signed) G E Lides M. D.

(Coroner)

, 19 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lebanon Date of Burial Jan 3, 19 29

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 1425 Ashland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41006

CERTIFICATE OF DEATH.

3 | E 41006

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-28 ST. W.B.S. WARD)

2-FULL NAME James Coyne

1a) RESIDENCE NO. 1800 Block McHenry st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
36	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Coyne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records

(Address)

15 Filed JAN 3 1929 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1928, to Jan. 1, 1929, that I last saw h im alive on Jan. 1, 1929, and that death occurred, on the date stated above, at 7.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

1-1. 1929 Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	Jan. 4 1929
20 UNDERTAKER George L. Schwartz	ADDRESS 1101 Eutaw Pl.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41007

CERTIFICATE OF DEATH

E 41007

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2719 Aramedo ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Daly

(a) RESIDENCE NO. 2719 Aramedo ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. H. Daly.

6 DATE OF BIRTH (month, day, and year): July 20 1855.

7 AGE: Years 73. Months 5 Days 13 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature nf iodustry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Jas. Friel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. John F Cuasy (Daughter)

(Address) 2719 Aramedo

15 Filed JAN 3 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 3 1929

17

I HEREBY CERTIFY, That I attended deceased from December 29, 1928 to January 3, 1929.

that I last saw her alive on January 2, 1929

and that death occurred, nn the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duratioo) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Influenza.

(duration) yrs. mns. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operatlon preccde death? no Date of

Was there ao autnpsy? Now

What test confirmed diagnosis? None

(Signed) Thos. H. Stearns, M. D.

1/3, 1929 (Address) 2078 Harford R

*State the Disease Causing Death, nr In deaths from Violeot Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa

DATE OF BURIAL: Jan. 6 1929

20 UNDERTAKER: Margaret A. Lyon

ADDRESS: 1 Hanover St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41008

CERTIFICATE OF DEATH

11-091 E 41008

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 717 E. Biddle ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Casparreillo

(a) RESIDENCE NO. 717 E. Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 9. 1927

7 AGE — Years: 1 — Months: 1 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Anthony Casparreillo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anita Guillio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ~~Balto Md~~

14 Informant Mrs. Casparreillo
(Address) 717 E. Biddle St.

15 Filed ... 19 ... Registrar

JAN 2 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st, 29

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 1, 1929, that I last saw h— alive on Jan 1, 1929, and that death occurred, on the date stated above, at 8 A.M. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) L. McCarthy M. D.

1929 (Address) 1114 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem.

DATE OF BURIAL: Jan. 3, 1929

20 UNDERTAKER: M. D. Flynn

ADDRESS: 1422 Lib 4984

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41009

CERTIFICATE OF DEATH.

161-801 E 41009

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 429 (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Naiditch

(a) RESIDENCE NO. 709 Portland ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 2nd 1928

7 AGE Years Months Days one If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Naiditch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Fan Nicklich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant

(Address)

15 Filed JAN 5 - 1929 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd. 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2 1929 to Jan 3rd 1929, that I last saw her alive on Jan. 3rd. 1929, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Goldstein, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood DATE OF BURIAL Jan 5 1929

20 UNDERTAKER Levine Greenberg ADDRESS 423 S. Pine

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41010 90 E 41010

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Fulton St. WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME LILLIE HEATH LAMBETH.

(a) RESIDENCE NO. 119 N. Fulton Ave. ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 10 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) — bad

(c) Name of employer —

9 BIRTHPLACE (city or town) Raleigh (State or country) N. C.

PARENTS

10 NAME OF FATHER Charles S. Lambeth

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Va.

12 MAIDEN NAME OF MOTHER Sallie Jane Peatross

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va.

14 Informant Mrs Lou Lambeth

(Address) 119 N. Fulton Ave

15 Filed ..... 19 ..... H. H. [illegible] JONES, M. D. Registrar

JAN 3 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to June 1, 1929, that I last saw h[illegible] alive on June 1, 1929, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hunter Mercantile, M. D.

19 (Address) 324 Gilmore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N. C.

DATE OF BURIAL 6/4 1929

20 UNDERTAKER W. M. Cook

ADDRESS 1217 E. Fond St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41011

CERTIFICATE OF DEATH.

100-001 E 41011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST. 18-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Gemmudt

(a) RESIDENCE No. 817 W. Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1851

7 AGE: Years 77 Months 72 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Ret

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles L Gemmudt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Stauffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Arthur C White

(Address) 1203 Wallis Ave

15 Filed JAN 3 1929 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31. 1928. to Dec 31. 1928

that I last saw h[illegible] alive on Dec 31. 1928,

and that death occurred, on the date stated above, at 1 3/4 30 m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

CONTRIBUTORY (Secondary) Pulmonary (duration) yrs. mos 7 ds.

Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL 1/4 1929

20 UNDERTAKER: Wm Cook — ADDRESS 1217 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 41012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67-001

E 41012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 E. 29th ST. 4-46 WARD)

2-FULL NAME George E. Rodgers

(a) RESIDENCE No. 1607 E. 29th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 4 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Dewey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Margaret Rodgers

(Address) 1607 E. 29th

Filed JAN 6 - 1929 Registered

H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/29 19

17

I HEREBY CERTIFY, That I attended deceased from 12/16 19 27 to 1/2/29 19, that I last saw h alive on Jan. 2 19 29 and that death occurred, on the date stated above, at 4' 45 a. m.

The CAUSE OF DEATH* was as follows:

Ulc Duodenum

Arteriosclerosis & hypertension

Chr. Ind Pneumonia

(duration) 5 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Evidence

(Signed) Geo. B. Sykes, M. D.

, 19 (Address) 2802 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL 1/5 1929

UNDERTAKER William Cook

ADDRESS 1119 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

E 41013 HEALTH DEPARTMENT—CITY OF BALTIMORE. 41013

CERTIFICATE OF DEATH.

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Burgundy ST.) 21-29 (WARD)

2-FULL NAME William Leisure

(a) RESIDENCE No. 1124 Burgundy ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ekkemia Leisure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Bunch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Annie Leisure

(Address) 1124 Burgundy

15 Filed JAN 3 1929, 19 [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1928, to Jan. 1, 1929, that I last saw him alive on Dec. 31, 1928 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wesley Long, M. D.

1/2, 1929 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Dundalk DATE OF BURIAL 1/4 1929

20 UNDERTAKER J. M. Cook ADDRESS 1217 E. Pratt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

4574 Endicott

E 41014 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-09 41014

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3625 (St.) Phil. Road (Ward) 36-39

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Schultz

(a) RESIDENCE NO. 3625 (St.) Phila Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept 13 1911

7 AGE Years 17 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Geo. F. & Co

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Herman Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hoerth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick C. Hoerth

(Address) Same as Place of Death

15 Filed ..... 19 .....

JAN 3 - 1929 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30 1928 to Jan. 1st 1929 that I last saw her alive on January 1st 1929 and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Bronchial Inflammation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schlossinger, M. D.

19 (Address) 45 N. Eastern Ave - Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn County

DATE OF BURIAL 1/4 1929

20 UNDERTAKER D. Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—R. F. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41015

CERTIFICATE OF DEATH.

101-001

E 41015

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 764 Meade St. 4-26 WARD

2-FULL NAME Jacob Bryant

(a) RESIDENCE. No. 764 Meade ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bryant

6 DATE OF BIRTH (month, day, and year): March 25 1860

7 AGE: 69 Years | Months 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Mary Bryant 764 Gilmor St

15 Jan 3 1929 C. HARPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1928 to Jan 2 1929, that I last saw h alive on Jan 1 1929, and that death occurred, on the date stated above, at 1 10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Harper M. D.

Jan 2 1929 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ger Antum & Mt | DATE OF BURIAL: 1-4 1929

20 UNDERTAKER: George T. A. Fetter | ADDRESS: 1335 Druid Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41016

CERTIFICATE OF DEATH

100-001 ✓

E 41016

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2125 N. Calvert St. 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Lindsay Lewis

(a) RESIDENCE NO. 2125 N. Calvert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Lewis

6 DATE OF BIRTH (month, day, and year) August 17th 1842

7 AGE

Years	Months	Days
86	4	16 15

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westmoreland Co. Va

(State or country)

PARENTS

10 NAME OF FATHER Samuel R. Thrift

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Westmoreland Co. Va

12 MAIDEN NAME OF MOTHER Eliza A. Tinsley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Westmoreland Co. Va

14 Informant Dr. H. D. Lewis

(Address) 1125 Roland Ave. Balto. Md.

Filed JAN 3 - 1929 19 C. HERBERT JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1928 to Jan 2nd 1929 that I last saw her alive on Jan 1st 1929 and that death occurred, on the date stated above, at 12 30 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Howard D Lewis M. D.

19 (Address) 1125 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemy.

Date of Burial Jan. 4, 1929

20 UNDERTAKER John E. Mitchell & Sons

ADDRESS 1900 Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Rks.

E 41017 HEALTH DEPARTMENT—CITY OF BALTIMORE 100 50 41017

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp. ST. 8-16 WARD)

2-FULL NAME Harry Chaney

(a) RESIDENCE NO. 1909 Collington Ave WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25, 1914

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry E. Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Grace Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records Wm. H. Hampson 1907 N. Eutaw ave.

Filed JAN 3 1929 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 29 . 1928 , to Jan 2 . 1929 , that I last saw him alive on Jan 2 . 1929 , and that death occurred, on the date stated above, at 2 20 A m.

The CAUSE OF DEATH* was as follows

Broncho pneumonia

(duration) yrs mos 6 ds.
CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs mos. 1 ds.
18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

. 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 1/4/29

20 UNDERTAKER Harry J. Watzka

ADDRESS 153 N. Lombard St.

mation should be carefully supplied. AGE should be stated EXACTLY. Every item of given CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should write TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks. Mac Clan Quarles

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41018 E 41018

CERTIFICATE OF DEATH.

REGISTERED NO. 100-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hosp (Street) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mac Clan Quarles

(a) RESIDENCE No. 55a West Biddle ST., WARD Enfield N.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE Years 21 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Enfield N. C.

PARENTS

10 NAME OF FATHER Willie Quarles

11 BIRTHPLACE OF FATHER (city or town) (State or country) NC

12 MAIDEN NAME OF MOTHER Ella Holt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Suttie Coppedge (Address) 550 W Biddle St

15 Filed 1-3 1929 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 19 29

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 19 29 to Jan 2 19 29 that I last saw h alive on Jan 2 19 29, and that death occurred, on the date stated above, at 1 1/2 m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary

(duration) 1 yrs mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

What was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Simmons M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Enfield N.C. DATE OF BURIAL 1/3 19 29

20 UNDERTAKER Samuel Brumsey ADDRESS W Biddle

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

N 3

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41019

CERTIFICATE OF DEATH

100-09

E 41019

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Prestman & Ellamont Ave ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Wilhelm,

(a) RESIDENCE NO. Prestman & Ellamont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) August 17. 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md,

PARENTS

10 NAME OF FATHER George Wilhelm,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Weigel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Geo Wilhelm (Address) Prestman & Ellamont

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

N 3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3

17 I HEREBY CERTIFY That I attended deceased from Jan 1st, 1929, to Jan 3rd, 1929, that I last saw h living alive on Jan 3rd, 1929 and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Bronch-pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 12 hrs.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Michael A. Strauss, M. D.

19 (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL London Park

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

If DEATH is due to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 41020

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) (WARD) G-43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2—FULL NAME William Addison

(a) RESIDENCE NO. Odenton, Md ST., WARD Anne Arundel Co.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24, 1928

7 AGE: Years | Months: 3 mo. | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel County Md

PARENTS

10 NAME OF FATHER Isaac Addison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant E. H. B. Parker

(Address) 27 Calvert St. Annapolis Md

15 Filed, 19 R.R.A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2, 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 2, 1929.

that I last saw h alive on Jan 2, 1929

and that death occurred, on the date stated above, at 11 40 p. m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos 1-2 ds.

18 Where was disease contracted if not at place of death? Anne Arundel Co, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Addison Craft Irby, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Maccoonia Cem a a co. Md

DATE OF BURIAL: 1. 4 1929

20 UNDERTAKER: E H B Parker

ADDRESS: 27 Calvert

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

MAR 3 1929 C. HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41021

CERTIFICATE OF DEATH

161-001 ✓ E 41021

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 27-48 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Prescott

(a) RESIDENCE NO. 3009 Alhambra Ave. Govans Md WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Prescott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kingston N Y.

12 MAIDEN NAME OF MOTHER Margaret Koyne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address) U. M. H.

15 [illegible] 1929 C. Hampson Jones M D
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 3, 1929 that I last saw h[illegible] alive on Jan 3, 1929 and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

3 hours
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical methods.

(Signed) J. Gerwig, M. D.

1/3, 1929 (Address) Univ. Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Jan. 4 1929

20 UNDERTAKER Josep[illegible] Cook

ADDRESS 1003 W. Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001 E 41022

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 W. Ostend ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma M. Roberts

(a) RESIDENCE NO. 1160 Sargeant St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob W. Roberts

6 DATE OF BIRTH (month, day, and year) Feb., 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George W. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ann Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. George A. Selby

(Address) 1224 W. Ostend St.

15 Filed JAN 3 1929 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3, 1929

17

I HEREBY CERTIFY That I attended deceased from Dec 15 1928, to Jan 3 1929, that I last saw her alive on Jan 3 1929, and that death occurred, on the date stated above at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1/3, 1929 (Address) 1227 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 5 1929

20 UNDERTAKER Harold Cook

ADDRESS 1003 West Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41023

CERTIFICATE OF DEATH

74-001

E 41023

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1940 Ridgehill Av. St. (Ward) 15-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. George Louis Fasedorf

(a) RESIDENCE NO. 1940 Ridgehill Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Margaret Schafer

6 DATE OF BIRTH (month, day, and year): January 24th 1854 Germany

7 AGE — Years: 70 Months: 11 Days: 4 3

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Car House Employe

(b) General nature of industry, business, or establishment in which employed (or employer): United Railway Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Wm Fasedorf.

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Weidenstein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr Fasedorf.

(Address) 1940 Ridgehill Av

15 Filed ..... 19 .....

Registrar

N3 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1928, to January 2 1929, that I last saw him alive on January 1st 1929, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Apoplectic Stroke

(12 hrs. ago had Chest Pain)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Coronary Heart not able to take nourishment

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

Jan 2 1929 (Address) 1605 N Wolfe av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Jan. 4 1929

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1603 W. Baltimore

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41024

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 41024

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1667

CITY OF BALTIMORE: (No. 3305 Gwynns Falls Pkwy. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Elmer Davidson

(a) RESIDENCE NO. 3305 Gwynns Falls Pkwy. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. Entry important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	19	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Louis A. Tarr, Inc.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Wood Davidson

11 BIRTHPLACE OF FATHER (city or town) Baltimor
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence Landau r

13 BIRTHPLACE OF MOTHER (city or town) Baltimor
(State or country) Maryland

14 Informant Mr. George Wood Davidson
(Address) 3305 Gwynns Falls Pkwy.

15 FEB 3 1929, 19 [illegible] Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1929

17 I HEREBY CERTIFY, That I attended deceased from
Apr 7, 1928 to Jan 1, 1929.
that I last saw h im alive on Jan 1, 1929
and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of neck

Metastasis in Brain about 8 mo (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sarcoma of Brain about 8 mo (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory + X Ray

(Signed) W S Willett, M. D.

Jan 3. 1929 (Address) 2220 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan. 4 1929

20 UNDERTAKER Joseph L Cook — ADDRESS 1003 West Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41025 — 101-01 — 41025

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3313 Devonshire Drive (ST.) (WARD) — REGISTERED NO. 29-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lillian Clifton

(a) RESIDENCE NO. 3313 Devonshire Drive ST. WARD
(Usual place of abode) DEVONSHIRE DRIVE

Length of residence (in city or town where death occurred) 48 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Clifton

6 DATE OF BIRTH (month, day, and year) Sept 4 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Household duties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph H Jean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Rinker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard Clifton
(Address) 3313 Devonshire Drive

15 Filed JAN 3 - 1929, 19
Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3- 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec 24- 1928, to Jan 2- 1929, that I last saw h[illegible] alive on Jan 2- 1929 and that death occurred, on the date stated above, at 355 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No Physical signs

What test confirmed diagnosis?

(Signed) E E Nichols, M. D.

(Address) Pikesville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan. 5 1929

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

(Dudek)

E 41026

HEALTH DEPARTMENT—CITY OF BALTIMORE

179 E 41026

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2240 Cambridge St. 13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dudek

(a) RESIDENCE NO. 2240 Cambridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 10 1923

7 AGE: Years 5 Months 11 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Dudek

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Josephine Pietrzykowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Joseph Dudek

(Address): 2240 Cambridge St.

G. HAMILTON JONES, M. D.

Registrar

N 3 - 1929

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acc. burns. 2nd Deg. Playing with matches

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

1/3/29, 19 (Address) 1436 E. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where did disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial Jan 5 19 29

20 UNDERTAKER: John M. Weber ADDRESS: 1010 Chester

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11027

CERTIFICATE OF DEATH.

1929 E 11027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. WARD)

2-FULL NAME Lovani Lucas

(a) RESIDENCE NO. Pembroke - Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced. (write the word): Married

5a If married, widowed, or divorced ~~(write the word)~~ or) WIFE of: Mrs E. P. Lucas

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	07			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Reed Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Parks

(Address) JOHNS HOPKINS HOSPITAL

15 FILED: JAN 3 - 1929 C. HAMPSON JONES, M. D. Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Jan 3, 1929, that I last saw h~~e~~r alive on Jan 3, 1929, and that death occurred, on the date stated above, at 7 45 ~~P~~ m.

The CAUSE OF DEATH* was as follows: Bronchial asthma. Myocardial failure

~~P~~ (duration) yrs. 15 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms & findings

(Signed) Jas Bardley Jr, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pembroke Va — DATE OF BURIAL: 1/3 1929

20 UNDERTAKER: Joseph Ahern — ADDRESS: 22 Bway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41028

CERTIFICATE OF DEATH.

28 E 41028

1-PLACE OF DEATH

City of BALTIMORE: (No. 1412 Haubert St. St. 2435 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lafflar.

(a) RESIDENCE NO. 1412 Haubert St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 14 ds. (If non-resident give city or town and state) How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 19, 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Max Lafflar.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary.

12 MAIDEN NAME OF MOTHER Katie Sallar.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary.

14 Informant Katie Lafflar. (mother)

(Address) 1412 Haubert St.

JAN 4 - 1929 Filed ..... 19 C. HILLSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2, 1929. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

1/3 1929 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Md. Date of Burial Jan 5 1929

20 UNDERTAKER Chas L Sterne ADDRESS 1301 E Fort Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Henry Symes) CERTIFICATE OF DEATH.

49 E 11029

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 4-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry S Lehr

(a) RESIDENCE NO. 1521 Bolton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Mrs H S Lehr

6 DATE OF BIRTH (month, day, and year): Mar 28-1869

7 AGE — Years: 59 Months: 9 Days: 5 If LESS than 1 day, hrs. or min.: 6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 60.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robt Lehr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed [illegible] Registrar. By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1929

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to Jan 3 1929.

that I last saw h[illegible] alive on Jan 3 1929.

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? (Yes) Date of Jan. 1926

Was there an autopsy? (Yes)

What test confirmed diagnosis?

(Signed) I Ridgeway Trumbk M. D.

Jan 3 1929 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: Jan 5 1929

20 UNDERTAKER: Henry H Sukenic & Co

ADDRESS: McCulloh & Eichard

N 4 - 1929 C. H. JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41030

CERTIFICATE OF DEATH.

74-001 E 41030

1-PLACE OF DEATH

REGISTERED NO. 1623

City of BALTIMORE: (No. Bselo City Hospital St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Nickum

(a) RESIDENCE NO. 1217 Smith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nickum

6 DATE OF BIRTH (month, day, and year) unknown 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll Co

PARENTS

10 NAME OF FATHER George Nickum

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co

14 Informant George Nickum

(Address) 1139 Baltimore Alley

15 Filed JAN 4 1929

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Peter M. Keelan M. D.

(Coroner)

1 3, 1929 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death Bselo City Hos yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

1217 Smith

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Date of Burial) Jan 4 1929

20 UNDERTAKER ADDRESS

Clarence E. Wright 3rd Carey

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41031 — 32 E 41031

CERTIFICATE OF DEATH

1—PLACE OF DEATH Union Memorial Hosp — REGISTERED NO

CITY OF BALTIMORE: (No. 33rd + Calvert St. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Wilt

(a) RESIDENCE NO. 3511 Railroad Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 12, 1927

7 AGE: Years 1 | Months 11 | Days 22 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Raymond Wilt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Hilda Cresswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: U. M. H. Records

(Address) 33rd & Calvert St.

15 Filed JAN 4 - 1929 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Jan 4, 1929

17 I HEREBY CERTIFY, That I attended deceased from December 24 19 28 to Jan 4 19 29

that I last saw him alive on Jan 3 19 29

and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (probably tuberculous)

(duration) yrs mos. 10 ds.

CONTRIBUTORY (Secondary): tuberculous mediastinitis.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Pathological

(Signed) Wallace Edwards Coble, M. D.

19 Address Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: Jan 6 1929

20 UNDERTAKER: Edmondson Ave — ADDRESS: Catonsville

Be sure all the print is in the lines, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41032 100-09 E 41032

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE, (No. 720 Pacific St. 13 Ward)

REGISTERED NO. 1951

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Oren

(a) RESIDENCE NO 720 Pacific St 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Margaret L Oren

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 88 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) U

12 MAIDEN NAME OF MOTHER U

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U

14 Informant Ethel Oren

(Address) 720 Pacific St

15 Filed JAN 4 - 1929 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and upon (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, and (Inquest, autopsy or inquiry) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bronchial

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jos. Morrison M. D.

(Coroner)

1/3 1929 (Address) 3C32 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Date of Burial Jan 5 1929

20 UNDERTAKER Chenoweth Son ADDRESS 36 E Clinton ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41033 — CERTIFICATE OF DEATH — 129 E 41033

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 East ST., 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julia Thomas

(a) RESIDENCE NO. 210 East ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fife yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Francis Murray

(Address) 210 East st.

15 Filed JAN 4 - 1929 LAWRENCE JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-29

17 I HEREBY CERTIFY, That I attended deceased from 12-25, 1928, to 1-2, 1929

that I last saw h alive on 1-2, 1929

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

1-4, 1929 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Jan 6 1929
20 UNDERTAKER	ADDRESS
Mrs R. G. Elliott	1725 Ashland Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41034

CERTIFICATE OF DEATH

90 E 41034

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1309 S. Caey ST. 15-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Antonie Cobb

(a) RESIDENCE NO. 1309 S. Caey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon Cook

6 DATE OF BIRTH (month, day, and year): Jan 30 1853

7 AGE: Years 74 Months 11 Days 2 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William H. Cook

(Address) 1309 S. Caey St.

15 Filed JAN 4 1929, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1929

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to Jan. 2, 1929, that I last saw her alive on Jan 1, 1929 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
and Aortic Sclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Mahlon Long, M. D.

1/4/29 (Address) 729 Cath. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Jan 5 1929
20 UNDERTAKER: Jos Jolesdorf Son	ADDRESS: 2173 E. Balto

Spec.—1-1925—M&T—2,500 Bks.

E 41035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 41035

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Bethel ST. 6-9 WARD)

2-FULL NAME Drucilla Richardson

(a) RESIDENCE NO. 224 N Bethel ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married.

5a If married, widowed, or divorced ~~HUSBAND OF~~ or) WIFE of Daniel Richardson

6 DATE OF BIRTH (month, day, and year) Oct 11 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Lomax

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Josephine Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Lydia Purviance (sister)
(Address) 2 1229 N Bethel St

15 Filed JAN 4 1929 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1929

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1928 to Jan 1 1929 that I last saw h alive on Dec 31 1928 and that death occurred, on the date stated above, at 830 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Parenchymatous Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. L. Young M. D.

1/3 1929 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL

Asbury Cemetery Jan 5 1929

20 UNDERTAKER ADDRESS

Milton Davis 413 N Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41036

CERTIFICATE OF DEATH.

E 41036

100-802

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hosp St. 59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton Ringgold

(a) RESIDENCE NO. 1511 E Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mail

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 5 Aug 1925

7 AGE Years 0 Months 4 Days 28 IF LESS than 1 day ..... hrs. or ..... min.

5 months

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Oliver Ringgold

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Aberdeen Md

12 MAIDEN NAME OF MOTHER Gladys Dunn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore City

14 Informant Clifton Ringgold

(Address) 1511 E Fayette St

Filed JAN 4 1929, 19 Baltimore, Md.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) 1 yrs. mos. 1 ds.

Contributory (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

Signed 4/2/29 G E Blades M. D.

(Coroner)

, 19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbor Lawn Date of Burial Jan 5 1929

20 UNDERTAKER Theodore W Kirk ADDRESS 113 Wash St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

41037

CERTIFICATE OF DEATH.

90 E 41037

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1333 N Pratt St., 14 29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannora Gram

(a) Residence No. 1333 N Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. P Gram.

6-DATE OF BIRTH (month, day and year) Aug 5 1850

7-AGE 78 yrs. 4 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) England.

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country) England.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) England

14- (Informant) Geo C Gram Jr

(Address) 1333 N Pratt St

15- Filed 1929 C. HAMILTON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 1-3-29

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1928 to Jan 3 1929

that I last saw h alive on Jan 2 1929

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Influenza

(Duration) mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. Campbell M. D.

1/3 1929 (Address) 1644 Harwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 1-5 1929

20-UNDERTAKER E. P. Hardesty

ADDRESS 1138 West Fayette

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11038

CERTIFICATE OF DEATH.

99-002 E 11038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp ST. 5-8 WARD)

2-FULL NAME David Cohen

3(a) RESIDENCE NO. 914 E. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Cohen

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Louis Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant (Address) Mr. Lewis 1129 E Baltimore St.

15 Filed JAN 4 - 1929 H. HANSON JONES, M. D. Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1929

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1928, to 1-4, 1929, that I last saw him alive on 1-4, 1929, and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

A. Bronchio-pneumonia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Heart failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Hyman S Aubinstein, M. D.

1/4, 1929 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Nebo Cemetery DATE OF BURIAL Jan 4 1929

20 UNDERTAKER Jack Lewis ADDRESS 1129 E Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 41039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41039

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. 1816 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Markley

(a) RESIDENCE NO. 925 Bennett Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If foreign birth?— yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, —hrs. or min.
	25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) ? N. C.

PARENTS

10 NAME OF FATHER Edward Markley

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? N. C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? ?

14 Informant

(Address)

15 Filed JAN 4 - 1929 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1-29

17 I HEREBY CERTIFY, That I attended deceased from 12-28 . 1928 to 1-1 . 1929, that I last saw h[im] alive on 1-1 . 1929 and that death occurred, on the date stated above, at 8 00 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis & Laryngeal

(duration) over yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray & smears Sputum

(Signed) John C. Moran, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemet

DATE OF BURIAL Jan 4 1929

20 UNDERTAKER D. Welsh

ADDRESS 1013 N. Fulton

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 41040

CERTIFICATE OF DEATH.

15-32 101-001 E 41040

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Bruce — St. 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachiel Grames

(a) RESIDENCE NO. 1306 Bruce — ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21-1925

7 AGE Years 3 Months 6 Days 11 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Grames

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston S. C.

12 MAIDEN NAME OF MOTHER Susie Dare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Susie Grames

(Address) 1306 Bruce St

15 Filed JAN 4 1929, 19 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1929

17 I HEREBY CERTIFY, That I attended deceased from 1/1, 1929, to 1/2, 1929,

that I last saw h— alive on 1/2, 1929,

and that death occurred, on the date stated above, at 2 20 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs mos 3 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Emp Clutty, M. D.

1/2, 1929 (Address) 2439 Ash

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Jan 5 1929

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

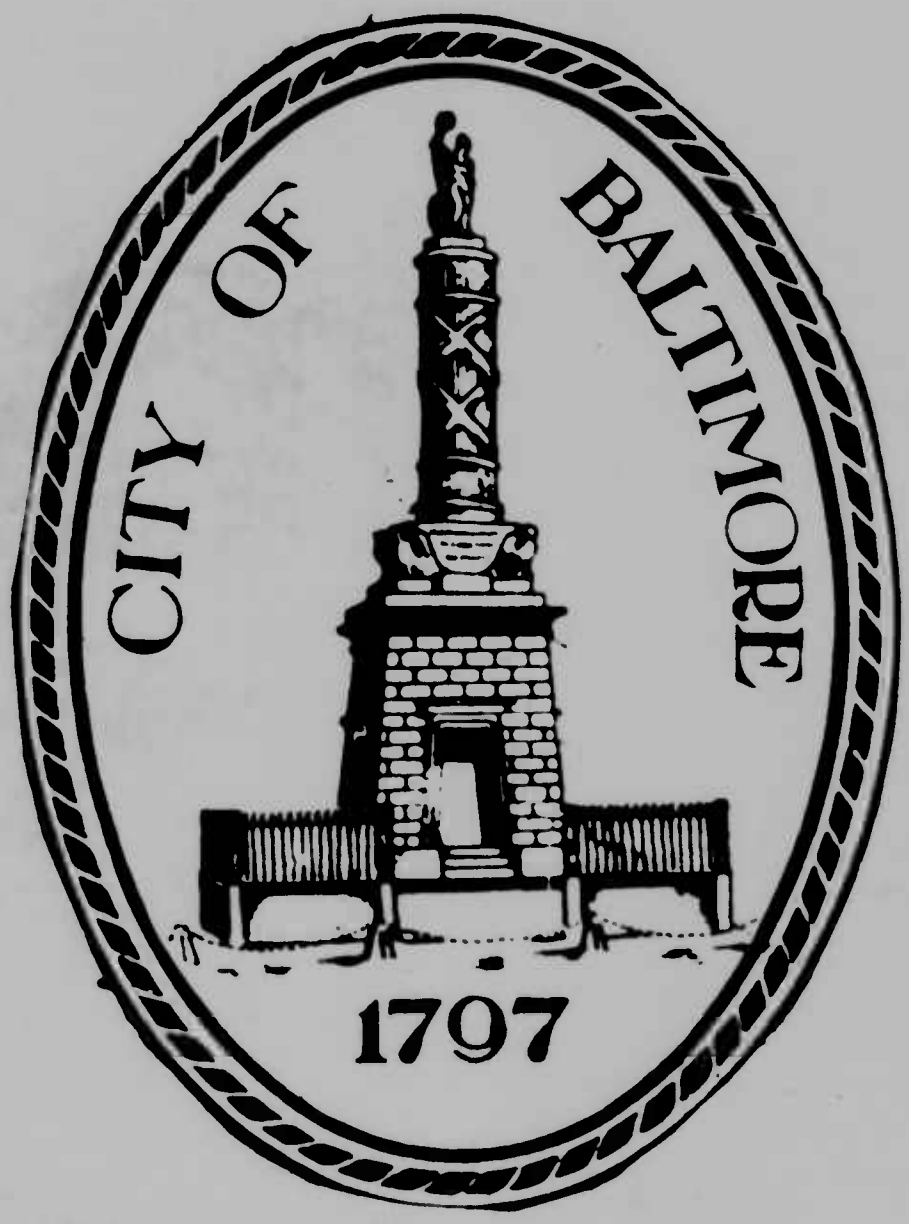
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 26th DAY OF Apr.
OF 1965 THE MICROPHOTOGRAPHIC APPARATUS
HEREIN STARTING WITH #E 37501 Sept. 17, 1928 AND
ENDING WITH #E 41040 Jan. 4, 1929 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul



END OF REEL